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1. In large skillet, sauté chicken in 1/3 of dressing.
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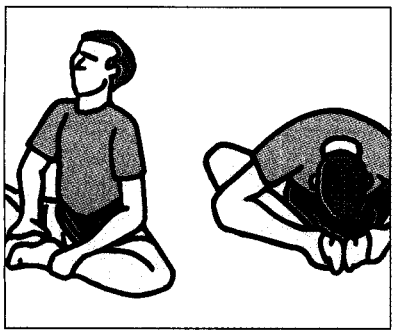
Emphysema Breakthrough—A new surgery can help patients with this debilitating disease dramatically improve their quality of life. 48

Christmas Scenes—*Post* cover illustrators capture the hustle and bustle of America's favorite season. 38

Albert Schweitzer Remembered—by his beloved daughter, Rhena, who reveals the little-known side of the Nobel Prize-winning humanitarian. 32



Get Flexible!—All ages can benefit from these easy-to-do stretching and conditioning exercises. 66

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TABLE OF CONTENTS, Nov./Dec. 1994 Vol. 266, No. 6

AMBASSADOR UNIVERSITY LIBRARY

FICTION

Stolen Christmas ..... *Arthur Mayse* 44

P.O. Box 111
Big Sandy, TX 75755

FEATURES

Vive La Différence! ..... *Wen Smith* 14

"My Father, Albert Schweitzer" ..... *Miriam Devine* 32

The Christmas Scene 38

Room to Breathe ..... *Caroline C. Decker* 48

Breakthrough for Emphysema Patients ..... *Patrick Perry* 52

Mum's the Word ..... *Maynard Good Stoddard* 54

Norman Rockwell's Double Life ..... *Maynard Good Stoddard* 56

Stretching for Flexibility ..... *Kenneth H. Cooper, M.D.* 66

DEPARTMENTS

Letters 4

Post People 12

Food: A Festive Christmas Feast ..... *Patrick Perry* 16

Food: Recipe for Better Baking ..... *Patti Olson, R.D.* 22

Post Book Shelf: Fitness and Free Radicals ..... *Ted Kreiter* 24

Post Scripts 34

Travel: Key West: End of the Road ..... *Holly G. Miller* 78

Travel: Walt Disney World Lights Up for Christmas ..... *John McCollister* 80

Medical Mailbox ..... *Cory SerVaas, M.D.* 86

(Cover illustration by Norman Rockwell)

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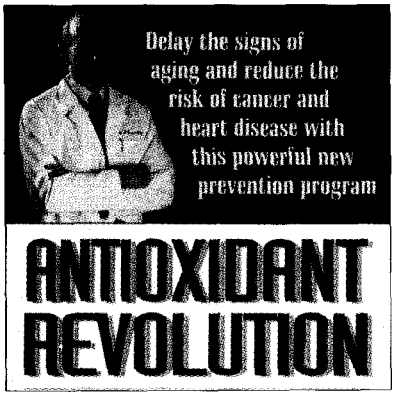
Rockwell's Double Life—The artist's advertising illustrations are still prized by some of America's largest corporations. **56**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The Antioxidant Revolution—Aerobics creator Dr. Kenneth H. Cooper confronts the free-radical threat with a new prescription for vitamin supplements and exercise. **24**

Florida's Key West—Home to Hemingway and the end of the road, Key West is *the* place to stop, kick back, and enjoy. **78**

Healthful Holiday Feast—An elegant dinner features Cornish hen, walnut rice stuffing, and a perennial favorite—rice pudding. **16**

Letters

To B_{12} or Not to B_{12}?

For many decades, I have regarded diet and vitamin "fads" with disdain. I ate whatever I pleased and did not even take aspirin. Imagine, then, my surprise to read in the July/August '94 issue of *SatEvePost* an article ("The *Post* Investigates B_{12} Deficiency") relating a symptom I have long endured and a vitamin deficiency.

I've had a "burning feet" sensation for many decades. I had supposed it was related to a fungus infection. Indeed, I could control the problem by bathing my feet in vinegar or abundant use of a skin conditioner, but it never went away.

I commenced taking a B_{12} and folic acid supplement the day after I read your article. By the following morning, the symptom was virtually gone. Now, a month later, the signs are completely gone. (I can now wear shoes all day long without distress.) To say that I am grateful would be an understatement.

But there is more: I've been troubled by an irregular heartbeat over a period of many years, not as long as "burning feet," but quite long enough. When I quit drinking coffee, the heart irregularity became much less pronounced. When I started taking the B_{12}, the problem disappeared completely. (Space limitations prevent my setting forth the full details here.)

Cause and effect? I would leave that for the medical profession to decide, but there is no doubt in my mind. The correlation was dramatic.

I hardly have the words to express my gratitude: To my wife for subscribing to *SatEvePost* and to you for publishing the subject article.

Robert W. Clack
Morganville, Kansas

Concerned about NutraSweet

Have you ever published any articles about NutraSweet (aspartame) and any problems that might appear to be associated with it? As you seem not to have an annual index available to check my back copies of the *SatEvePost* or the *Medical Update* to which I subscribe, can you tell me where I might find any information about the artificial sweetener? As an old nurse, I enjoy your new and improved approaches to medical problems in your publications.

Although I have been on a cholesterol-lowering medication and

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For the 100th anniversary of his birth, the USPS is issuing "Triple-Self Portrait" on a special stamp. Only one limited-edition plate has been authorized to portray this image for this event—and it can be yours *exclusively* through the Bradford Exchange.

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manage pretty well to control my blood pressure with diet, moderate exercise, and other medications (and have required lab tests to follow any effects possible from the Mevacor), I have now been using a newer Rx for Lescol for about a month. I am due for new blood tests this week.

We have been having an extremely hot period for the past two weeks, and I have been experiencing some lightheadedness occasionally. In trying to figure out any changes that might be causing it, the new drug had not seemed to be the reason. I realized that I had been drinking plenty of fluids, my BP was stable, I was not forgetting to eat, and was not overexerting, and have been checked for low blood sugar.

Then I realized what I had been using up from my pantry shelf—powdered fruit mixes made with NutraSweet! For just about the same length of time that my head was light! Also, when I buy canned and packaged foods, cocoa, gelatin mixes, soft drinks, etc., I refuse to buy those with that sweetener, and prefer sugar, corn syrup, or natural fruit juices. Their energy properties seem to balance the weight control and satisfy my sweet tooth, so I eat more fruits, cereal, and low-fat yogurt. I can't remember why I decided not to buy them, but I think that it caused me a similar problem before. Being an avid reader of labels, I certainly keep away from most problems. I have now been "off" my suspected chemical for two more very hot days, am still on my Lescol, and have not been lightheaded! Can it be that I have discovered the culprit? Have any other readers questioned this additive? (I am 73 years young.)

Helen C. Brownlie
Hampton, New Jersey

Editor's note: We are sending your letter to Dr. H. J. Roberts in West Palm Beach, Florida. He collects case histories of those who experience problems after consuming NutraSweet. We believe you will hear from him.

It's a Small World!

In the Sept./Oct. '94 *Saturday Evening Post,* I noticed that "Achy Breaky Neck" by Maynard Good Stoddard, "Political Economy" by Mark Twain, and "A Rude Awakening" by Wen Smith are all illustrated by Don Trawin. I enjoyed both the articles and the artwork.

I hope you can answer my question. I grew up in Nutley, New Jersey, and graduated from Nutley High School in 1940. During my junior year, I was doing special biology projects under my homeroom teacher, Margie Phillips. A sophomore class in biology met at this same time. There was a handsome young fellow named Don Trawin who was always drawing cartoons. He had a young, pretty blond friend named Merrilea Schultz. Many of us believed that Don would someday become well known for his art ability.

I believe both Don Trawins are the same person and would love to know if I am correct. We enjoy *The Saturday Evening Post* very much. Please let me know if Don Trawin attended Nutley High School and probably graduated in 1941 or 1942 after I went on to college. Thank you very much.

Virginia Walz Macklin
Oak Ridge, Tennessee

Our artist, Don Trawin, and wife, Merrilea.

Editor's note: We forwarded a copy of your letter to Don Trawin. His response: "I am, indeed, the person who drew pictures in Virginia's biology class, and my 'pretty blonde friend,' Merrilea, and I are still friendly. We celebrated our 50th anniversary in June."

Keep Up the Coverage

My aunt has given me two issues of your magazine with articles about inflammatory bowel disease. The most recent of these was the Sept./October 1994 edition.

As an IBD patient, I want to thank you for your coverage of this debilitating and little-known disease.

Please continue the educational process.

Sally Price
Houston, Texas

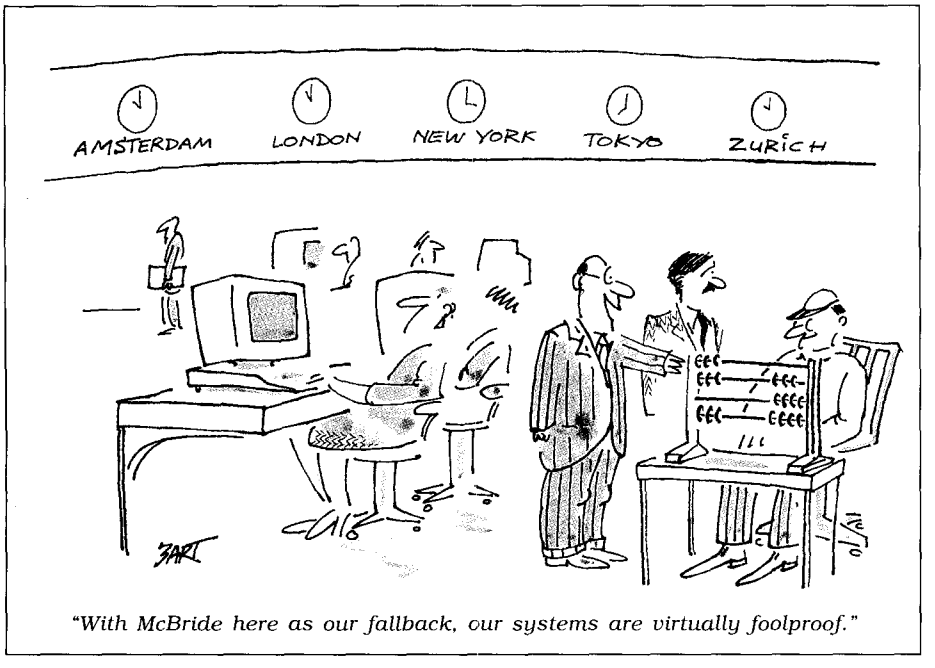
Rockwell's Avenue

I am writing in reference to the article, "The Good Ol' Summertime," in the July/August '94 issue. I found each of the paintings reminded me of some event which has happened in my life. I can appreciate the artistic works of Norman Rockwell.

I am a subscriber to the *Post,* and I look forward to the upcoming issues presenting his *Post* cover works in celebration of his 100th anniversary year.

Thank you for allowing the *Post* to be the avenue which displays the works of Norman Rockwell that otherwise would be impossible for me to view.

Tommy J. Alexander
Mobile, Alabama



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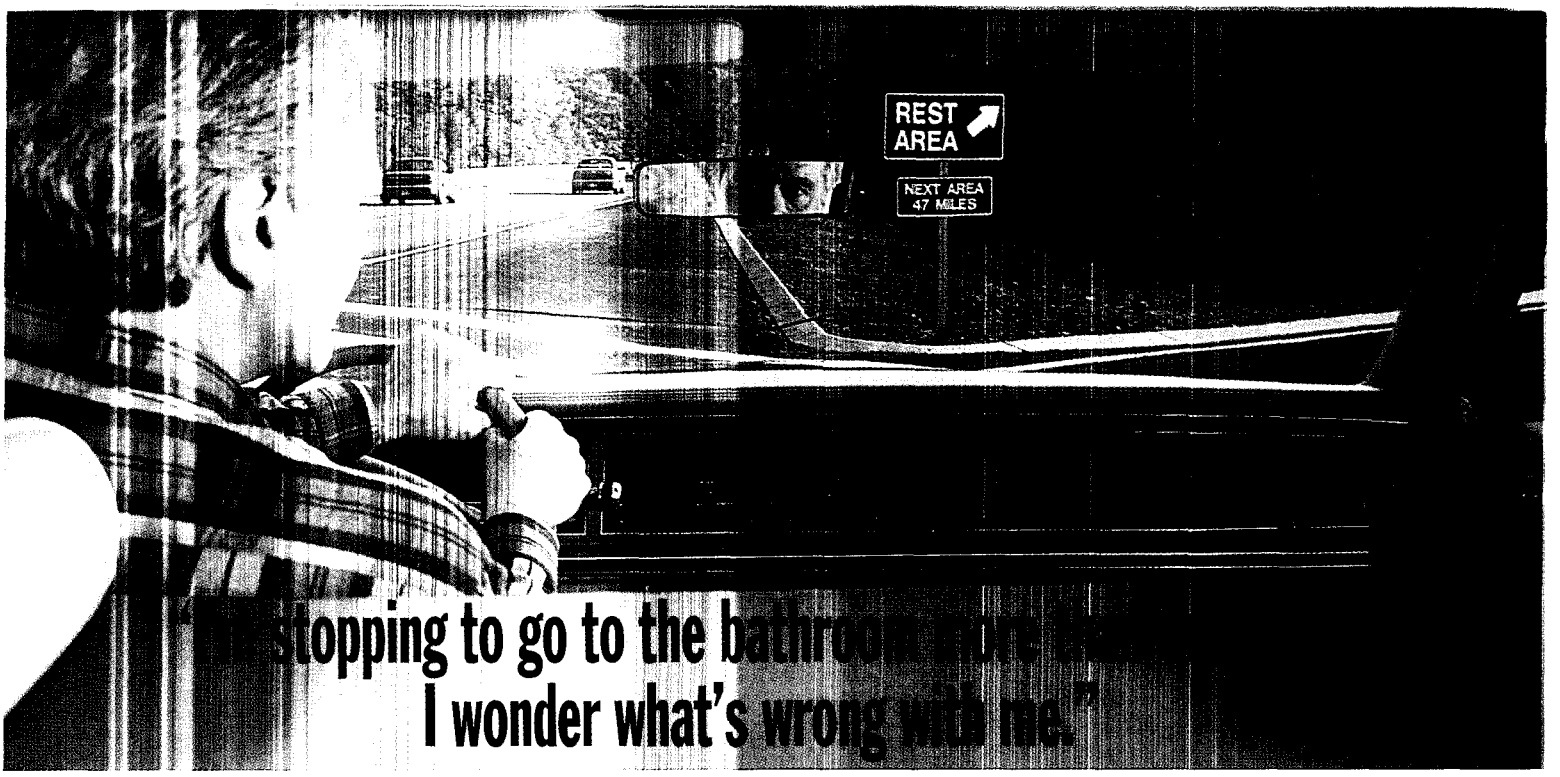


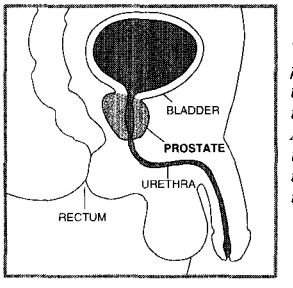
"I'm stopping to go to the bathroom more, I wonder what's wrong with me."

Your urinary symptoms may be caused by a condition called benign prostate enlargement or BPH. BPH is not cancer and does not lead to cancer, although the two conditions can exist at the same time. Remember, only a doctor can evaluate your symptoms and their possible causes.

Is this you?	Yes	No
Do you get up more than once or twice a night to urinate?	☐	☐
Do you often have sudden, uncontrollable urges to urinate?	☐	☐
Do you have a hesitant or slow urine stream?	☐	☐
Do you have a frequent need to urinate?	☐	☐

If you answered yes to even one question, tell your doctor.

Today, symptomatic BPH can be treated by your doctor in several ways. The options are monitoring the condition with regular checkups, surgery, or oral medicines. One oral medicine is PROSCAR, the only prescription medicine for the treatment of symptomatic BPH that can shrink the prostate.



The prostate surrounds part of the urethra, the tube that carries urine from the bladder. As the prostate enlarges, it can squeeze the urethra and cause urinary problems.

PROSCAR works by blocking a hormone that can cause the prostate to enlarge. *But it is important to know: PROSCAR doesn't work for everyone. Although the prostate may shrink, there may not be an improvement in urinary symptoms. However, in clinical studies with PROSCAR, some men have seen an improvement in their urinary symptoms after 2 weeks. Others have found that PROSCAR took up to several months to help them.* Because all men are different, you and your doctor will need to determine how PROSCAR is working for you.

If you have any urinary symptoms, see your family doctor or a urologist soon, and ask about PROSCAR. For free information to help you discuss your symptoms with your doctor, call 1-800-214-7006.

For the treatment of symptomatic BPH

PROSCAR® 5mg
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Please see patient information on the next page.

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PATIENT INFORMATION ABOUT PROSCAR® (Prahs-car)
Generic name: finasteride (fin-AS-tur-eyed)

PROSCAR is for the treatment of symptomatic benign prostatic hyperplasia and for use by men only.
Your doctor may prescribe PROSCAR if you have a medical condition called benign prostatic hyperplasia or BPH. This occurs only in men.

Please read this information, as well as the leaflet which accompanies your medication, before you start taking PROSCAR. Also, read the leaflet each time you renew your prescription, just in case anything has changed. Remember, this leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss PROSCAR when you start taking your medication and at regular checkups.

What is BPH?
BPH is an enlargement of the prostate gland. After age 50, most men develop enlarged prostates. The prostate is located below the bladder. As the prostate enlarges, it may slowly restrict the flow of urine. This can lead to symptoms such as:

- a weak or interrupted urinary stream
- a feeling that you cannot empty your bladder completely
- a feeling of delay or hesitation when you start to urinate
- a need to urinate often, especially at night
- a feeling that you must urinate right away.

Treatment options for BPH
There are three main treatment options for BPH:

- **Program of monitoring or "Watchful Waiting".** If a man has an enlarged prostate gland and no symptoms or if his symptoms do not bother him, he and his doctor may decide on a program of monitoring which would include regular checkups, instead of medication or surgery.
- **Medication.** Your doctor may prescribe PROSCAR for BPH. See **"What PROSCAR does"** below.
- **Surgery.** Some patients may need surgery. Your doctor can describe several different surgical procedures for BPH. Which procedure is best depends on your symptoms and medical condition.

What PROSCAR does
PROSCAR lowers levels of a key hormone called DHT (dihydrotestosterone), which is a major cause of prostate growth. Lowering DHT leads to shrinkage of the enlarged prostate gland in most men. This can lead to gradual improvement in urine flow and symptoms over the next several months. However, since each case of BPH is different, you should know that:

- Even though the prostate shrinks, you may NOT see an improvement in urine flow or symptoms.
- You may need to take PROSCAR for six (6) months or more to see whether it helps you.
- Even though you take PROSCAR and it may help you, it is not known whether PROSCAR reduces the need for surgery.

What you need to know while taking PROSCAR

- **You must see your doctor regularly.** While taking PROSCAR, you must have regular checkups. Follow your doctor's advice about when to have these checkups.
- **About side effects.** Like all prescription drugs, PROSCAR may cause side effects. Side effects due to PROSCAR may include impotence (or inability to have an erection) and less desire for sex. Each of these side effects occurred in less than 4% of patients in clinical studies. In some cases side effects went away while the patient continued to take PROSCAR.

  Some men taking PROSCAR may have a decrease in the amount of semen released during sex. This decrease does not appear to interfere with normal sexual function. Rarely, some men have reported breast swelling and/or tenderness or allergic reactions such as lip swelling and rash.

You should discuss side effects with your doctor before taking PROSCAR® (Finasteride) and anytime you think you are having a side effect.

- **Checking for prostate cancer.** Your doctor has prescribed PROSCAR for symptomatic BPH and not for cancer—but a man can have BPH and prostate cancer at the same time. Doctors usually recommend that men be checked for prostate cancer once a year when they turn 50 (or 40 if a family member has had prostate cancer). These checks should continue while you take PROSCAR. PROSCAR is not a treatment for prostate cancer.
- **About prostate specific antigen (PSA).** Your doctor may have done a blood test called PSA. PROSCAR can alter PSA values. For more information, talk to your doctor.
- **A warning about PROSCAR and pregnancy.**

  PROSCAR is for use by MEN only.

  PROSCAR is generally well tolerated in men. However, women who are pregnant, or women who could become pregnant, should avoid the active ingredient in PROSCAR.

  If the active ingredient is absorbed by a woman who is pregnant with a male baby, it may cause the male baby to be born with abnormalities of the sex organs. Therefore, any woman who is pregnant or who could become pregnant must not come into direct contact with the active ingredient in PROSCAR.

Two of the ways in which a woman might absorb the active ingredient in PROSCAR are:

Sexual contact. Your semen may contain a small amount of the active ingredient of the drug. If your partner is pregnant, or if you and your partner decide to have a baby, you must stop taking PROSCAR and talk to your doctor. If your partner could become pregnant, proper use of a condom can reduce the risk of exposing her to your semen (discuss this further with your doctor).

Handling broken tablets. Women who are pregnant or who could become pregnant must not handle broken tablets of PROSCAR.

PROSCAR tablets are coated to prevent contact with the active ingredient during normal handling. If this coating is broken, the tablets should not be handled by women who are pregnant or who could become pregnant.

If a woman who is pregnant comes into contact with the active ingredient in PROSCAR, a doctor should be consulted. Remember, these warnings apply only if the woman exposed to PROSCAR is pregnant or could become pregnant.

How to take PROSCAR
Follow your doctor's advice about how to take PROSCAR. You must take it every day. You may take it with or between meals. To avoid forgetting to take PROSCAR, it may be helpful to take it the same time every day.

Do not share PROSCAR with anyone else; it was prescribed only for you.

Keep PROSCAR and all medicines out of the reach of children.

FOR MORE INFORMATION ABOUT 'PROSCAR' AND BPH, TALK WITH YOUR DOCTOR. IN ADDITION, TALK TO YOUR PHARMACIST OR OTHER HEALTH CARE PROVIDER.

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Dr. Barry Marshall's Coup • Norman Rockwell Celebration
Exercise for Menopause • The Swan Princess • Medical Mystery

Cover Harmony

On behalf of the 34,000 members of the Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Inc., a hearty thank you for bringing Norman Rockwell's *Sharp Harmony* quartet out of retirement for your October issue. Our Heritage Hall Museum of Barbershop Harmony in Kenosha, Wisconsin, is fortunate to have a signed lithograph of *Sharp Harmony* that Rockwell created from the original sketches.

The society is the world's largest all-male singing organization. Through education services, music publishing, public performance and competition, SPEBSQSA preserves a rich heritage of uniquely American music for future generations. Like Rockwell's quartet, barbershop singers come from all walks of life to share a bond of friendship that only music can create. Barbershop music is easy to sing and a great family activity.

If you'd like to join us in a song, or want a list of barbershop performances nationwide, please write the society at 6315 Third Avenue, Kenosha, WI 53143-5199.

Joe Liles
Kenosha, Wisconsin

Hairy Cells A Thing of the Past?

You published an article, "Winning Against Leukemia," in the Sept./Oct. 1993 issue of *The Saturday Evening Post,* written by Wendell Allen.

Mr. Allen has hairy cell leukemia, and in this article, he gives a first-person account of his treatment with

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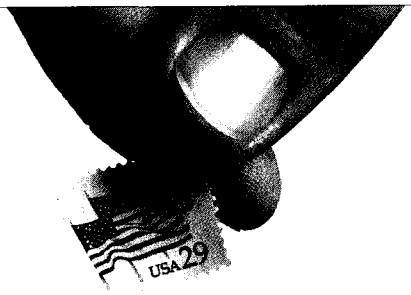

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2CdA. I have hairy cell leukemia, so the article immediately caught my attention! My doctor has informed me that I may need to start treatment with 2CdA in the near future. As Mr. Allen completed his treatment in 1991, I would like to get an update on how he is doing 2½ years after his treatment.

My wife and I are retired, and we enjoy *The Saturday Evening Post* very much.

Carl W. Landiss
College Station, Texas

Editor's note: The Post *caught up with Wendell Allen on vacation in the Canadian Rockies.*

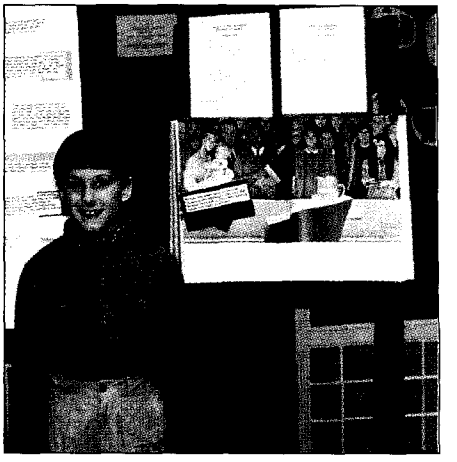
A native Californian, Wendell Allen remains in excellent health. "Everything has been going extremely well," Mr. Allen was happy to report. "I continue to have the post-therapy checkups: the bone marrow and blood tests four times a year and the blood marrow once a year. Everything's come up negative."

He adds, "The people that went through the program with me also have tested negative. We can't say enough about it [the drug 2CdA].

"The drug has been approved by the FDA. It's on the market now, so you can go in most major hospitals and get treatment for it. We hope that hairy cell leukemia is a thing of the past."

Young Rockwell Fans

I was glad to see the articles about Norman Rockwell in the recent issues of *The Saturday Evening Post*. I researched Rockwell for a little while. It was fun. I think Norman Rockwell was a great artist. Some of his pictures made me laugh. Other pictures about freedom are serious. I thought Norman Rockwell was a very talented artist. I also thought Norman Rockwell was very dedicated to his work.



Lee Beck, a fourth-grader from Buckingham, Iowa, dressed as Norman Rockwell for a school program last year. His mother said "no" to a pipe.

My favorite painting by Norman Rockwell is "The Problem We All Live With." It had a picture of a girl who had to have guards to go to school with her and home with her because people were throwing things at her because she is black.

Here are some quotes by Norman Rockwell that are my favorites:

"There was so much to learn then, so much to do; there still is. I'll never have enough time to paint all the pictures I'd like to."

"Some folks think I painted Lincoln from life, but I haven't been around that long. Not quite."

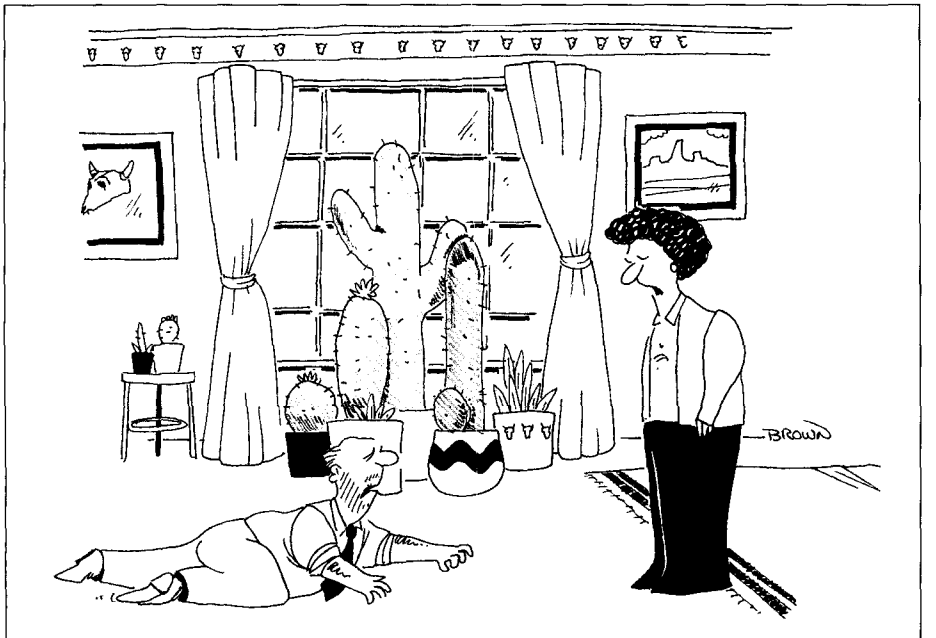
"The secret to so many artists living so long is that each painting is a new adventure. So, you see, they're always looking ahead to something new and exciting. The secret is not to look back."

Lee Beck, age nine
Buckingham, Iowa

I am ten years old. I read American Girls books and in the back of *Molly Saves the Day*, there was a *Saturday Evening Post* cover for August 24, 1940. I always was curious about *The Saturday Evening Post*, but I thought it didn't exist anymore.

When I found out it did, I was thrilled! I just decided I love all of Norman Rockwell's paintings. Thank you so much for publishing *The Saturday Evening Post* for all that time.

Jaci Eisenberg
Plymouth, Minnesota



"Henry, if you don't like the western motif, then just say so!"

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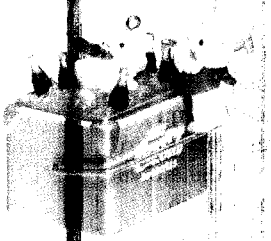

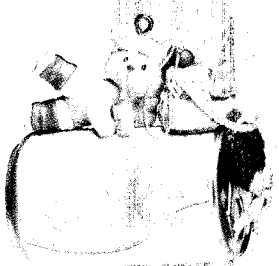

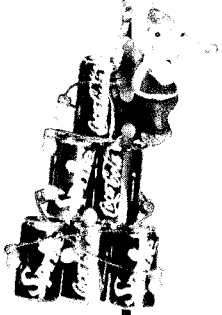

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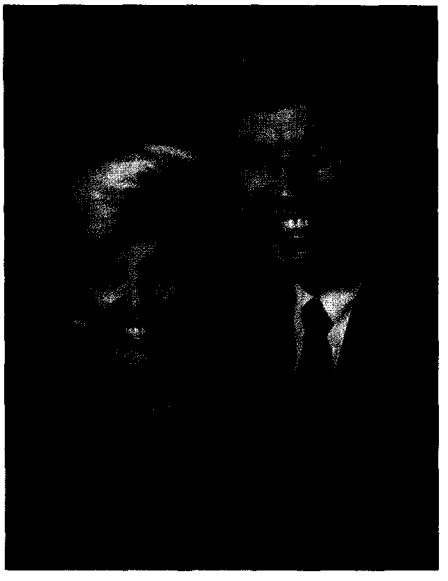
Post People

How did ***Bill and Gloria Gaither*** happen to raise one million dollars for the coffers of Indiana's Anderson University? Well, if you've heard the videos *Homecoming* and *Reunion*, you already know the answer. Both videos have won Grammy, Dove, and Gospel Voice awards.



Recently, after Gloria proudly announced the birth of their grandson, she sat at the piano with her husband in their Alexandria, Indiana, home as a group of friends from the gospel music world taped a third video called *Old Friends*. Bill, who wrote the title song, said, "My heroes have finally come to my hometown!"

Four months after announcing—at age 75—"I'm too old to be singing," ***Lena Horne*** recorded *We'll Be Together Again*, a memorial to lost friends. For 17 years, she had turned down every job offer, every invitation. ("What does anyone want with an old broad like me?" she would snap.)

She learned the answer, as one writer reported, "when, after weeks of rehearsal and near-crippling anxiety, she strode onto the stage at Avery Fisher Hall with a voice that sounded reborn and received three standing ovations." So far, Horne has resisted the pressure to tour, to do Carnegie Hall, or to return to Broadway. However, she did test her rebirth in Florida last year with the Palm Beach Pops.

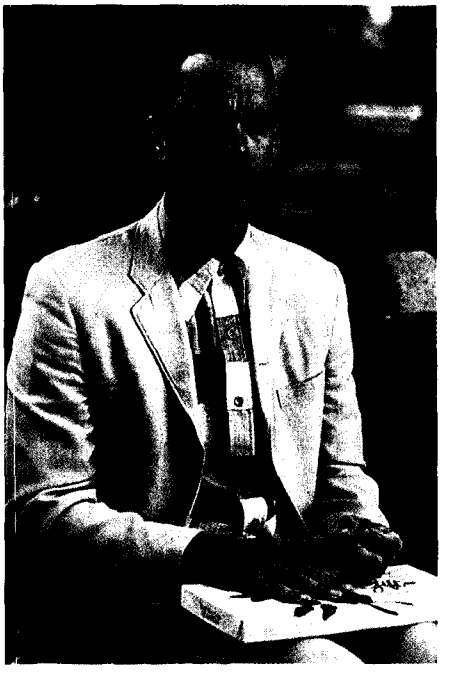
She allows herself to reminisce about those who will hear her new album. "I wonder if they'll say, 'Why would an old broad like that be sing-

ing with passion?' But of course, they don't know that people will always have passion and romance inside them. We don't become empty shells just because we're older."

"The entire movie would not have worked without Tom," director Robert Zemeckis said. "I can't imagine anyone, alive or dead, who could have done this part."

The movie referred to is *Forrest Gump*. The actor, of course, is Oscar-winner ***Tom Hanks***.

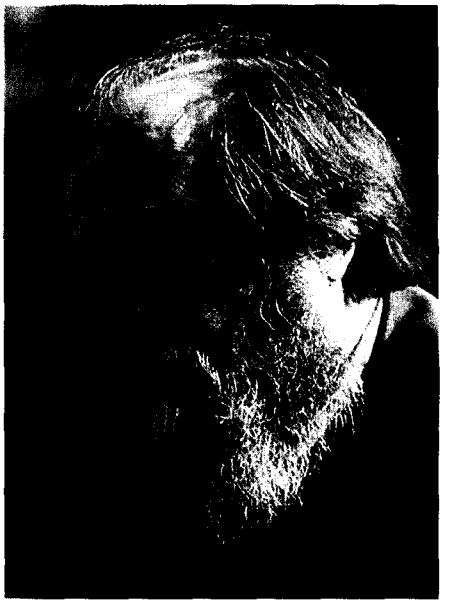
Forrest Gump, should you be among the few who have yet to see Hanks' triumphant performance, is a Southerner saddled with an IQ that compares



favorably with his hat size. A master storyteller, we see him bring his amazing tales to life—from meeting with world leaders and conquests in sports to his intense feelings of love.

After two sitcoms, Hanks made his big splash in *Splash* in 1984. He then made it even bigger in *Big*. But he says he never worked harder on a character in his life—convincing an audience that a disabled man can be a fascinating and likable person.

Aleksandr Solzhenitsyn, Nobel prize-winning novelist and recently returned exile to Russia, has train-toured his native country to sound out the feelings of a people after 70 years of communism. During his nearly two decades in a secluded Vermont retreat, he is said to have been preparing for the end of Communist rule and nurturing his own version of a new Russia.



Solzhenitsyn says it's too early to express any concrete proposals he might have. He does speak out on crime: "It must be suppressed or the whole country will fall into the hands of the Mafia." On the weakness of Russian leaders: "Some do not understand the situation. The present system cannot be called democracy because it doesn't express the will of the people." On the threat of dictatorship: "The danger lies in the possibility of discontent continuing to grow among the people."

Although the temptation will be great to take sides between the Western-oriented reformers and the hard-line Communists, Solzhenitsyn, 76, asserts, "I am not going into politics, will not run for any office, will not accept any position."

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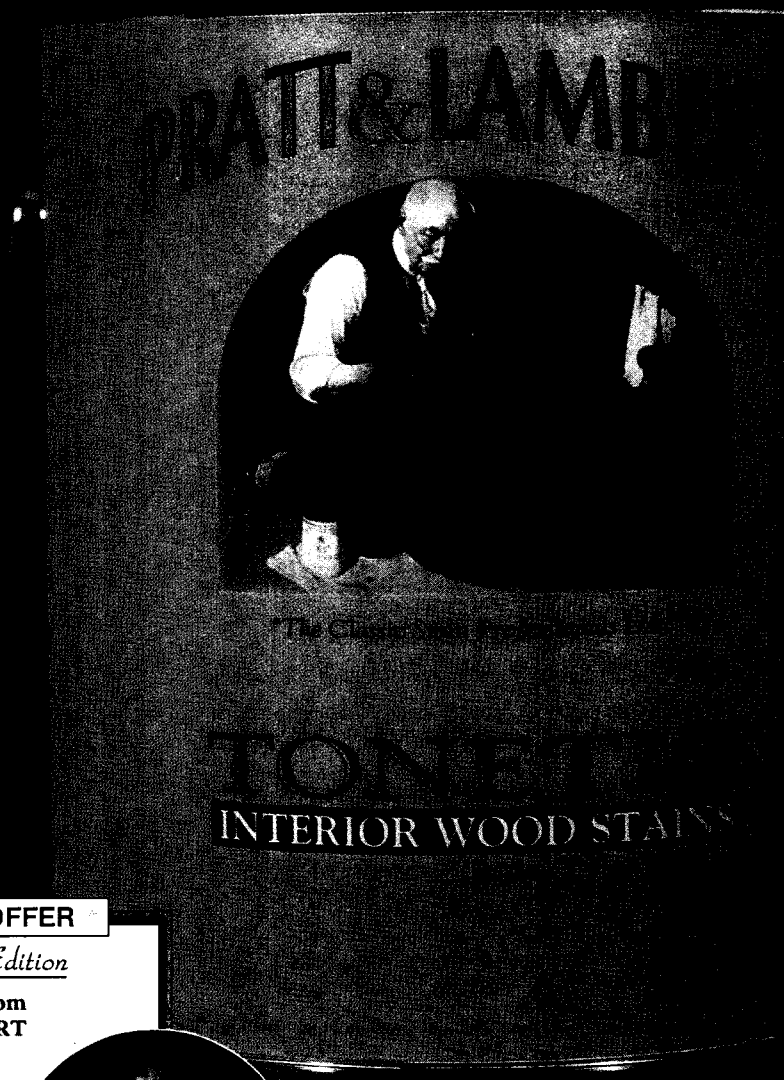

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VIVE LA DIFFÉRENCE!

Are husbands different than wives, or just different from them?

by Wen Smith

Illustrated by Don Trawin

"We'll never be happy together," the young woman said. "You're just different than me."

It was a line of dialogue in one of those TV dramas. I lost the thread of the plot then because I started wondering whether husbands are different than wives or different from wives.

"It makes no difference," my wife said. Her mind was on the plot, and she obviously didn't want to be distracted by a discussion of usage.

"It's an interesting point," I said. "Nobody would ever say he 'differs than her.' It would have to be 'differs from her.'"

My wife didn't answer. She was absorbed in the lives of the couple who would never be happy together because they were different.

"Anyway," I said, "being different is no reason for unhappiness. Naturally, men and women are different, and as a French politician once said, '*Vive la différence*!'"

My wife said nothing. Her mind fixed on the story.

"I suppose he isn't really different," I said. "It's just their attitudes that are different."

"Right," my wife said. I guess she thought agreeing with me would shut me up. It sometimes does, unless I have something really interesting to say.

I said, "But are his attitudes different *than* hers, or different *from* hers?"

Again no response. My wife's idea of what's interesting must be different from mine. Or different *than* mine.

"In England," I said, "a lot of people say 'different *to*.' One thing is different *to* another."

She was clearly more interested in the story than in this fascinating point of international difference.

For moments I sat quietly, thinking I'd get my wife's attention when a commercial came on. But the drama was on public television; no commercials. I tried again.

"It's an old controversy," I said. "The usage isn't much different today than centuries ago. Or should that be 'not much different *from what it was* centuries ago'?"

That didn't sound right. "From what it was" is too awkward and uses an extra word.

"I guess 'different *than*' saves words," I said. "We should try to save words when we can."

On the screen, the young man slammed a door and walked out. Suddenly, the drama came to intermission and a talking head was begging us to subscribe to public television.

"Were you saying something?" my wife asked.

"I was saying," I said, "that we should try to save words when we can."

She seemed to agree. "Is saving words any different than not talking?"

"Ah!" I said. "Different *than* not talking or different *from* not talking?"

"I was hoping it wouldn't be different at all," she said. "If you'd use fewer words, maybe we could find out how these people in the play work out their differences."

"How do we work out ours?" I said.

"We're different than they are," she said. "But you aren't so different than me. Or should I say 'not so different *from* me'?"

"Well," I said, "at least your way of watching TV is different than mine . . . or *from* mine."

"That's not important," she said. "We aren't different in any important ways."

"Yes we are," I said.

She touched my hand. "You're right," she said. "*Vive la différence*!"

We turned off the set and never did find out how that young couple resolved their differences. ▲

IT'S AN INTERESTING POINT...
I MEAN, NOBODY WOULD SAY, "HE DIFFERS THAN HER."—RIGHT?
IN ENGLAND THEY SAY, "DIFFERENT TO ME"
ANYWAY— VIVE LA DIFFERENCE, RIGHT?
SHOULDN'T IT BE FROM ME?
SHE SAID, "YOU'RE DIFFERENT THAN ME."
RIGHT.
Trawin

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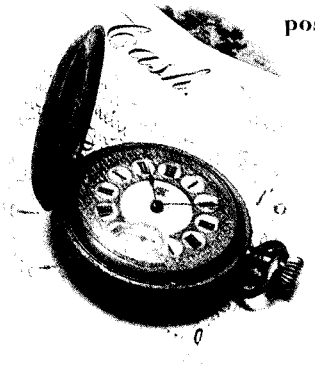
Have you ever seen an heirloom when it was new?



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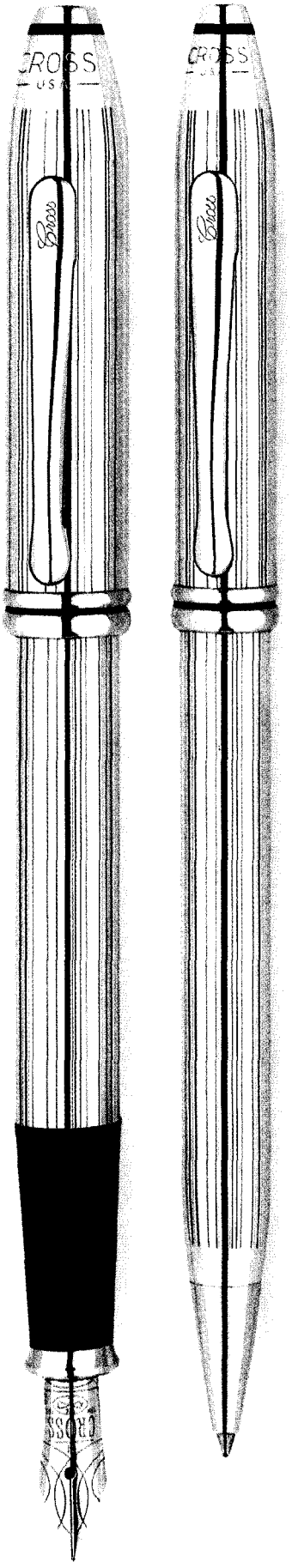

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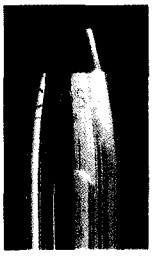

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FOOD

A FESTIVE CHRISTMAS FEAST

Stage the yuletide celebration with candlelight and finery, featuring easy-to-prepare, elegant Cornish hens.

by Patrick Perry

Tired of turkey, cold on chicken, bored with beef? Company's coming, and fresh out of ideas? Cornish game hens make a wonderful entrée for the finest occasion. Once a rarity in American supermarkets, Cornish hens can now be purchased fresh or frozen at any American market. Each hen weighs about 1¼ pounds, so one bird is ideal for a single serving. If you remove the skin before cooking, Cornish hens are surprisingly lean.

Complement the Cornish entrée with the Almond Brown Rice Stuffing. Slivered almonds, poultry seasoning, and cooked brown rice enhance the delicate flavor of the game hen. Fresh cranberries, a holiday favorite, add color and tartness to the meal.

Rice Pudding for dessert is an old-fashioned favorite. To reduce the fat and calories, update your old recipe by substituting skim milk and cutting sugar. Be creative by adding flavorings, raisins, or seasonal fruit.

With this special menu, make your next gathering a truly festive occasion.

Roast Cornish Hens

(Makes 4 servings)

2 Cornish hens
½ cup wild rice
2 tablespoons lite margarine
1 cup low-salt chicken stock
1 cup onion
½ cup chopped mushrooms
1 tablespoon dried parsley
1½ tablespoons chopped thyme and basil
⅛ teaspoon mace
¼ cup egg substitute
1 teaspoon butter-flavored sprinkles

Preheat oven to 350°. Cook wild rice in water until tender. To prepare mushroom and herb stuffing, put rice in bowl. In

Braised Cornish Hens with Mushroom Stuffing

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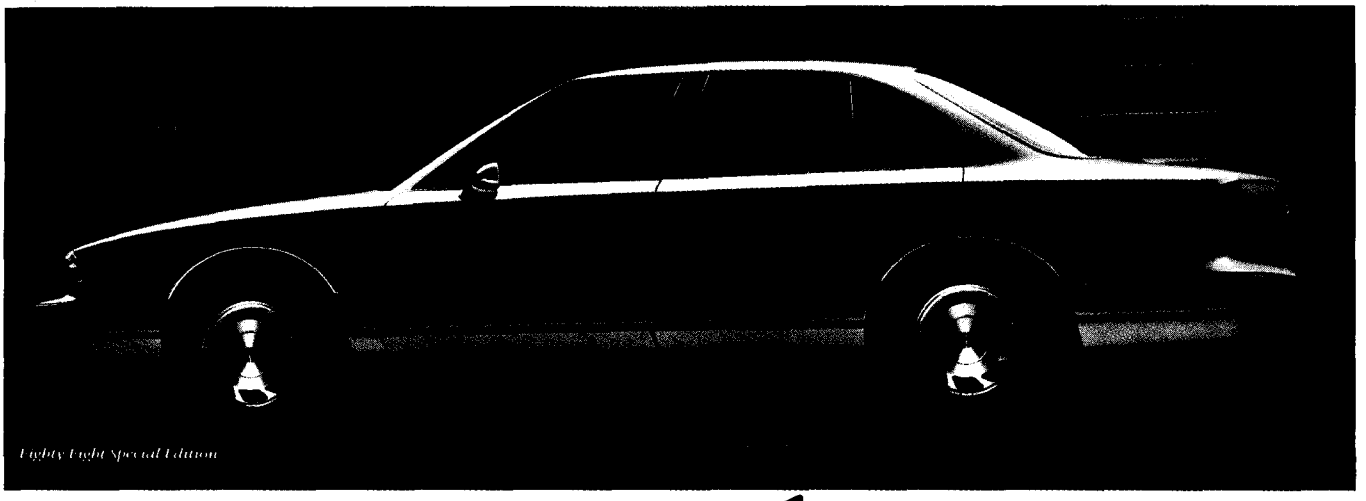

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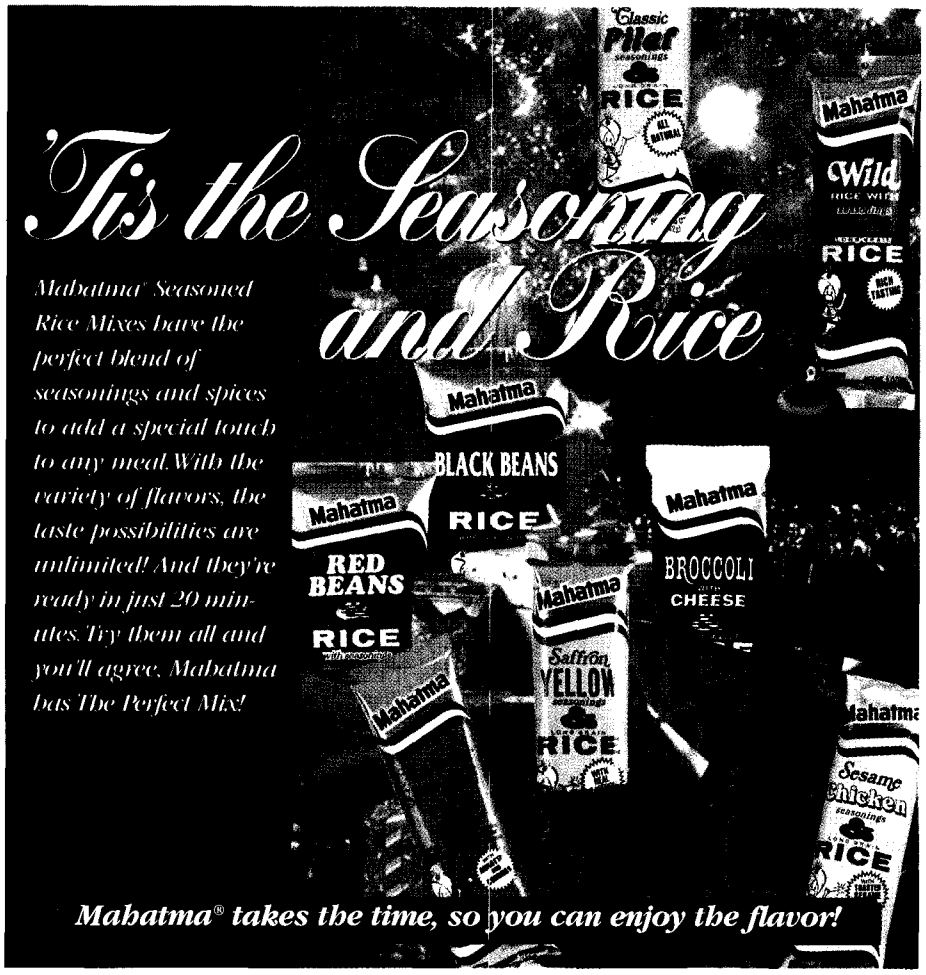
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a pan, melt margarine, combine ½ cup chicken stock and finely chopped onion; cook 5 minutes without browning. Add mushrooms and cook 2 minutes. Stir into rice. Add parsley, thyme, basil, and mace. Add egg substitute and remaining stock to moisten. Let stand a few minutes before stuffing hens.

Sprinkle breast and legs of Cornish hens with butter sprinkles. Cover and bake slowly in oven, allowing 25 minutes per pound unstuffed weight. When done, remove from pan and place on hot dish; keep warm. Pour off fat from roasting pan. Additional chicken stock may be added to pan drippings to make gravy.

Per Serving (½ hen + ¾-1 cup stuffing):
Calories: 337 Carbohydrate: 20.5 gm
Cholesterol: 124 mg Protein: 25.2 gm
Sodium: 226 mg Fat: 17.0 gm
Diabetic exchange: 1 bread + 1 vegetable + 3½ medium fat meat

Almond Brown Rice Stuffing
(Makes 6 servings)

⅓ cup slivered almonds
2 teaspoons lite margarine
2 medium tart red apples, cored and diced
½ cup chopped onion
½ cup chopped celery
½ teaspoon poultry seasoning
¼ teaspoon dried thyme leaves
¼ teaspoon ground white pepper
3 cups cooked brown rice (cooked in low-salt chicken broth)

Cook almonds in margarine in large skillet over medium-high heat until brown. Add apples, onion, celery, poultry seasoning, thyme, and pepper; cook until vegetables are tender-crisp. Stir in rice; cook until thoroughly heated. Serve or use as stuffing. Stuffing may be baked 15-20 minutes in covered baking dish at 375°.

Per Serving (about ¾ cup):
Calories: 258 Carbohydrate: 38.4 gm
Cholesterol: 0 mg Protein: 5.8 gm
Sodium: 30 mg Fat: 8.8 gm
Diabetic exchange: 1½ bread + 1 fruit + 1½ fat

Cornish Game Hens with Apricot Sauce
(Makes 4 servings)

2 18-oz. Cornish game hens, washed and dried
¾ teaspoon dried rosemary

Sauce:
3 oz. dried apricots, quartered
3 oz. applesauce
1½ tablespoons firmly packed brown sugar
¼ teaspoon cloves
½ teaspoon cinnamon
½ teaspoon grated orange zest
3 oz. dry white wine
1 tablespoon apricot nectar
Fresh sprigs of parsley and rosemary for garnish

Preheat oven to 350°. Place hens on rack in large sheet pan, breast-side up. Season inside and out with rosemary. Roast hens 1 hour or until golden brown.

In medium saucepan, combine apricots, applesauce, brown sugar, spices, zest, white wine, and apricot nectar. Simmer uncovered 30 minutes, stirring occasionally.

Spoon ½ cup sauce over hens and roast an additional 30 minutes. Keep remaining sauce warm to serve with hens.

Per Serving (½ Cornish hen with sauce):
Calories: 326 Carbohydrate: 23.6 gm
Cholesterol: 124 mg Protein: 21.1 gm
Sodium: 107 mg Fat: 13.5 gm
Diabetic exchange: 1½ fruit + 3 lean meat + 1 fat

Praline Sweet Potatoes
(Makes 4 servings)

2 cups cooked mashed sweet potatoes
¼ cup packed brown sugar (diabetics use brown sugar substitute)
⅜ cup egg substitute
2 tablespoons lite margarine
½ teaspoon vanilla extract

Topping:
¼ cup brown sugar
¼ cup chopped pecans
¼ cup coconut
2 tablespoons lite margarine
3 tablespoons flour

Preheat oven to 350°. In large bowl, mix sweet potatoes, brown sugar, egg substitute, margarine, and vanilla.

In separate small bowl, mix brown sugar, pecans, coconut, margarine, and flour. Pour potato mixture into a casserole sprayed with noncaloric, vegetable-based spray (nonstick spray). Top sweet potatoes with crumb mixture. Bake sweet potatoes 30-40 minutes or until golden.

Per Serving (about ¾ cup):
Calories: 333 Carbohydrate: 49.0 gm
Cholesterol: 0 mg Protein: 4.9 gm
Sodium: 159 mg Fat: 12.9 gm
Diabetic exchange (with sugar substitute):
2 bread + 2½ fat

continued on page 102

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FOOD

RECIPE FOR BETTER BAKING

Does your holiday baking need a health overhaul? Here's how to entertain tastefully using less sugar and fat.

by Patti Olson, R.D.

Home-baked breads, muffins, and desserts are traditional indulgences that challenge the resolve of even the most devoted dieter. The temptation to nibble is often difficult to overcome.

So why not give in? By scaling down the fat and calories from recipes, everyone can enjoy guilt-free baked goods.

Adapt favorite recipes by substituting healthier ingredients. To trim excess fat, use equal amounts of applesauce or nonfat yogurt (lite or fat-free) in place of heavy oils. Both ingredients help keep baked goods moist and fat content low. Cut dairy fat by using skim milk. For a creamier low-fat milk, add one-quarter cup dry, powdered skim milk to one cup skim milk. Eliminate unwanted cholesterol in recipes by using egg whites or egg substitutes. For a buttery taste, try liquid butter flavoring: a few drops per serving will add the familiar rich taste.

Increase a recipe's fiber content by adding wheat fiber to baked goods. Remember, however, to increase the liquid content in equal measure. Combine applesauce or prune juice with wheat bran, then add to recipes.

Cutting one quarter to one third of the sugar from a recipe makes little difference in the finished product. To cut one half the sugar, however, use fruit juice (white grape, peach, pear, or apricot nectar) to replace the liquid in the recipe.

Use these healthful tips in revising traditional treats or start a new tradition with these kitchen-tested recipes.

Apple'N Walnut Spiced Muffins
(Makes 12 muffins)

Hot water
1 cup raisins
2 cups all-purpose flour
1 cup oatmeal
⅓ cup sugar

Fiber-packed goodies: Crunchy Banana-Walnut Bread, Stuffin' Muffins, and Apple'N Walnut Spiced Muffins have a high health quotient.

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2½ teaspoons baking powder
½ teaspoon cinnamon
½ teaspoon ground allspice
¼ teaspoon nutmeg
4-5 small apples
½ cup egg substitute
3 tablespoons canola oil or vegetable oil
½ cup chopped California walnuts

Preheat oven to 350°. Coat muffin tins with nonstick spray.

Measure out raisins and add hot water to cover. Let sit 10 minutes.

Meanwhile, in medium bowl, combine flour, oatmeal, sugar, baking powder, cinnamon, allspice, and nutmeg. Stir and toss to combine ingredients; set aside.

Peel and core apples. Grate coarsely —you need about 2 generous cups, lightly pressed down. Combine grated apple with egg substitute, oil, and walnuts; beat to blend. Add to combined dry ingredients with raisins and liquid. Stir just until blended and moistened—batter will be stiff. Spoon into prepared muffin tins, filling cups about three quarters full. Bake 20-25 minutes, or until toothpick inserted in muffin comes out clean. Cool 5 minutes in pan, then remove and serve warm.

Per Serving (1 muffin):
Calories: 277 Carbohydrate: 46.5 gm
Cholesterol: 0 mg Protein: 5.5 gm
Sodium: 86 mg Fat: 7.5 gm
Diabetic exchange: 2 bread + 1 fruit + 1½ fat

Crunchy Banana-Walnut Bread
(Makes 10 servings)

1 cup all-purpose flour
¾ cup whole-wheat flour
½ cup oat bran
½ cup cornmeal (coarsely ground, if possible)
1 tablespoon baking powder
1¼ cups mashed, ripe banana (about 3 medium bananas)
½ cup honey
½ cup skim milk
2 tablespoons canola or vegetable oil
3 egg whites
½ cup California walnuts

Preheat oven to 350°. Coat 8½" x 4½" x 2½" loaf pan with nonstick spray.

In large bowl, place flours, oat bran, cornmeal, and baking powder. Stir and toss to combine ingredients thoroughly. In separate bowl, whisk banana, honey, milk, oil, and egg whites. Add to combined dry ingredients with walnuts and stir just until moistened and blended. Pour batter into prepared pan (it will be quite full) and bake 65-70 minutes, or until toothpick or thin skewer inserted into center of loaf comes out clean. Cool 10 minutes in pan, then remove to wire rack.

Per Serving (1 slice):
Calories: 273 Carbohydrate: 44.9 gm
Cholesterol: trace Protein: 6.3 gm
Sodium: 125 mg Fat: 7.5 gm
Diabetic exchange: 2 bread + 1½ fat + 1 fruit
* Use only occasionally.

Stuffin' Muffins
(Makes 12 muffins)

⅔ cup dark or golden raisins
1¾ cups skim milk
2 tablespoons olive oil or walnut oil
½ cup finely diced tart green apple (about half an apple)
½ cup finely chopped California walnuts
⅓ cup applesauce, unsweetened
2 teaspoons dried Italian herb seasoning
2 tablespoons minced onion
1 teaspoon sugar
⅛ teaspoon black pepper
2½ cups all-purpose flour
5 teaspoons baking powder

In small bowl, cover raisins with water and let sit 10 minutes; drain.

continued on page 102

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POST BOOK SHELF

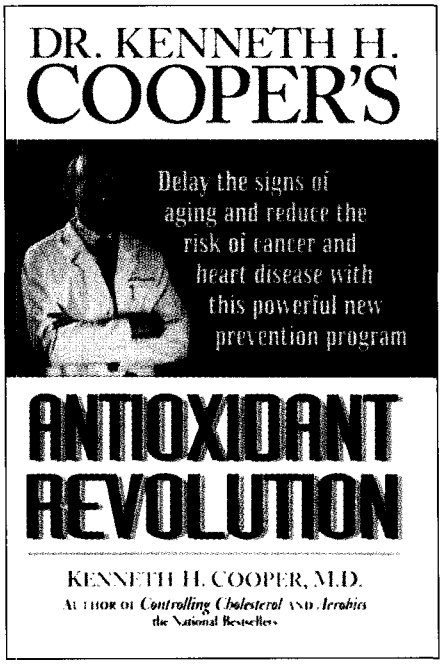
FITNESS AND FREE RADICALS

Dr. Kenneth H. Cooper, the "Father of Aerobics" and founder of the world-famous Cooper Clinic, makes a compelling case for vitamin supplements.

Dr. Kenneth H. Cooper's Antioxidant Revolution
by Kenneth H. Cooper, M.D.
242 pages, Thomas Nelson Publishers, $22.99

In 1968, Dr. Kenneth H. Cooper published his best-selling book, *Aerobics*, and spearheaded a nationwide health and fitness revolution. Now, 11 groundbreaking books later, this foremost authority on exercise and disease prevention has produced a bombshell that will surprise the medical establishment.

Dr. Kenneth H. Cooper's Antioxidant Revolution, released this fall, goes a step beyond Dr. Cooper's other books, delving into the world of atomic particles to analyze what may be the next great revolution in medical science: the control of free oxygen radicals using antioxidants.


DR. KENNETH H.
COOPER'S
Delay the signs of aging and reduce the risk of cancer and heart disease with this powerful new prevention program
ANTIOXIDANT
REVOLUTION
KENNETH H. COOPER, M.D.

For more than 40 years, scientists have been studying the effects these unstable oxygen molecules have on the human body. Now, research has linked free radicals to more than 50 human ailments, including cancer, heart disease, cataracts, aging, stroke, asthma, pancreatitis, inflammatory bowel diseases, Parkinson's disease, and high blood pressure.

Exactly what are free radicals? Dr. Cooper applies his considerable descriptive talents to explain a phenomenon that cannot be seen and can be measured only with difficulty. Basically, free radicals are oxygen molecules that contain one or more unpaired electrons in their orbits. These unstable molecules are powerfully attracted to other molecules in the body and try to combine with them, causing both good and ill effects—mainly ill. The body generally controls the quantity of free radicals by producing its own antioxidants. The problem comes when antioxidants are overproduced beyond the body's capacity to absorb them.

Although free radicals are considered to be "central actors" in most human health problems, of special interest to Dr. Cooper is the link between free radicals and heart disease. Free radicals are seen to be the primary cause of plaque buildup in arteries. They act directly upon low-density lipoproteins (the bad form of cholesterol), changing them into something called foam cells, which in turn clog arteries. This process, Dr. Cooper believes, may explain the untimely death of his friend, marathon runner Jim Fixx, at age 52 from coronary disease.

Research has shown that overexercising can lead to overproduction of free radicals in the body. Because of his extraordinary level of physical exertion, Fixx would have run a much higher risk of free radical damage than the average person. Other free radical stimulants include air pollution, cigarette smoke, ultraviolet light, pesticides, and food contaminants.

"In the 17 years preceding his death," Dr. Cooper notes, "Fixx had run 37,000 miles, including 20 marathons, and he was still running 60 miles per week up to the time of his death. Of course, it could be contended that if Fixx and other highly trained, older athletes had not been involved in marathoning and ultramarathoning, they might have succumbed to their disease many years before.... But increasingly, I have come to believe that there also may be a link between overtraining and disease."

Dr. Cooper presents other examples of athletes who died young, not from heart disease but from cancer, in which radicals may have played a decisive role. Dr. Cooper also considers his own seemingly inevitable bouts of sickness during marathon training: "I wondered if it was possible that excessive exercise might not only be unnecessary, but might even be harmful—so harmful that my own physical training philosophy and recommendations should be altered."

This new view of exercise naturally has a profound effect on aerobic fitness programs. "It has become clear," Dr. Cooper writes, "that an appropriate exercise prescription becomes more complicated—especially when you take into account exposure to free radical 'triggers' such as overtraining."

Overtraining with Caution

Researchers, including the late Dr. Linus Pauling, have recommended large doses of the antioxidant vitamins C, E, and beta carotene for fighting free radicals, but Dr. Cooper believes vitamins are only part of the story. "What is often overlooked," he notes, "is that exercise must be at the center of any effective antioxidant action plan. Without regular exercise, your body's internal defenses against free radicals—including natural endogenous antioxidants [those produced by the human body], such as SOD, GSH, and catalase, may become too fragile for supplements to have their full effect."

Dr. Cooper's solution to the free-radical problem is The Lower-Intensity Exercise Program, which he calls "the most effective exercise program for good health—including building up defenses against free radicals...." Here, low

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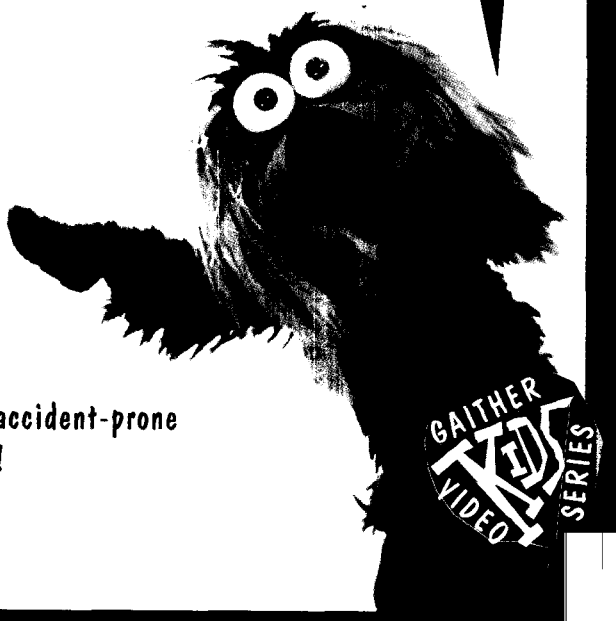

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intensity means exercising several times a week at your "target heart rate," a rate in between your normal heart rate and the maximum rate that allows you to improve your endurance. For easier measurement of exercise duration and intensity, Dr. Cooper devised a point system. One must work up to 15 points each week using one of a variety of exercise choices, including walking, aerobic walking, walk-running, cycling, and swimming. The exercises can be performed on one of two levels: one for those interested only in fitness, and a more strenuous one for athletic competitors.

The book also offers a section of illustrated warmups (see page 66), calisthenics, and strength-training exercises for building up endurance slowly without overtiring or damaging muscles. "The damage to, and inflammation of, tissues that often accompanies exhaustive exercise is the most obvious sign of free-radical activity," Dr. Cooper notes.

Clearly, Dr. Cooper states, regular exercise remains overwhelmingly beneficial and a prerequisite for maintaining cardiac health despite the complications of overtraining.

An Antioxidant Cocktail

To counter excess free radicals that might be produced by working out, Dr. Cooper recommends a daily cocktail of antioxidant vitamins that varies according to a person's sex, age, and level of exertion. "There was a time when I joined most other mainstream physicians who opposed taking vitamin supplements in any amounts, much less in relatively large doses," he admits. "Along with the majority of the medical establishment, I believed that you could get all the vitamins and minerals you needed through your diet. But my research into free radicals and antioxidants has forced me to change my thinking—as well as my personal health habits. Today, I take a daily antioxidant cocktail, a minimum multivitamin combination of 400 IU vitamin E, 1,000 mg vitamin C, and 25 IU beta carotene. When I am scheduled for a heavy physical workout, I increase those amounts accordingly."

> ". . . to build strong protection against free radicals, you need to take in far larger amounts of antioxidants than the official Recommended Daily Allowance (RDA) provides."

"Most of the scientific studies support the idea that vitamin E supplementation protects the body against exercise-induced free-radical damage," Dr. Cooper writes. "And there is strong support for the position that vitamin C enhances the effect of vitamin D. Also, beta carotene has been linked to a lower incidence of lung cancer and other free radical-related disease. Exercise of any type will increase your free-radical production," he emphasizes. "So antioxidant supplements are *mandatory*. . . ."

Although he recommends supplementation, Dr. Cooper also suggests getting as many antioxidants from the diet as possible and offers tips from his own dining and cooking experience. He notes, however, that it is virtually impossible to get enough vitamin E through diet alone. For vitamin C, he recommends going exotic with acerola fruit juice from the West Indies (if you can find it); an eight-ounce glass contains 3,800 mg vitamin C. If you eat carrots for beta carotene, cook them lightly. Your body will absorb more beta carotene from cooked than raw carrots. On the other hand, don't overcook green, leafy vegetables, or you will limit the bioavailability of beta carotene. For convenience, in an appendix, Dr. Cooper lists the primary dietary sources of all the antioxidant vitamins.

> "Today, I take a daily minimum multivitamin combination of 400 IU vitamin E, 1,000 mg vitamin C, and 25 IU beta carotene."

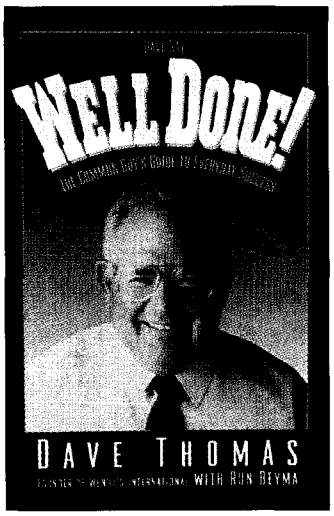
How seriously are we to take the free-radical threat and the antioxidant solution? Dr. Cooper admits that "the scientific data fall short of saying that beyond any doubt, ultra-exercise activities definitely increase the risk of cancer, heart disease, and other degenerative problems." But there is "solid research," he points out, that antioxidants can prevent or delay the onset of many health problems, including cancer and heart disease. Thanks in part to Dr. Cooper's books on aerobics and cholesterol, thousands of Americans have adopted a more active and healthful lifestyle, and heart attack deaths have steadily declined. If his reading of the antioxidant research proves as accurate, Dr. Cooper's 12th book may turn out to be his most important of all.

—Ted Kreiter

Well Done!
by Dave Thomas with Ron Beyma
224 pages, Zondervan Publishing House, $18.99

Hamburgers that aren't well done can make you sick. Books that aren't well done may have a similar effect. But not to worry as you page through *Well Done!*, the new book served up by Wendy's dad, Dave Thomas (with Ron Beyma).

Readers of *Dave's Way*, his 1992 work, already know the founder and senior chairman of Wendy's International, one of the world's most successful restaurant chains, was illegitimate. They also know that he was raised by his adoptive grandmother and spent his early years in mobile homes and modest apartments while his adoptive father tracked down work.



So there's no need to question why the proceeds from *Well Done!* will be donated to the Dave Thomas Foundation for Adoption, or why he offers adoptive children this message: "I hope you find a loving home real soon, and I can tell you firsthand that, with hard work and values, you can go as far as your greatest dreams."

Thomas began his own dream at age 12 when he went to work at a restaurant in Knoxville, Tennessee. Over the years, he would develop the values that he believes were the key to

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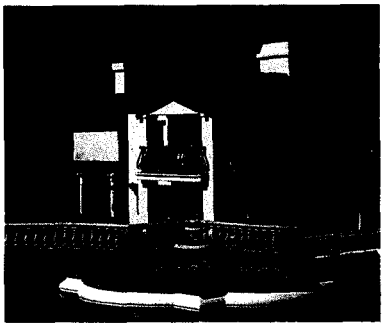

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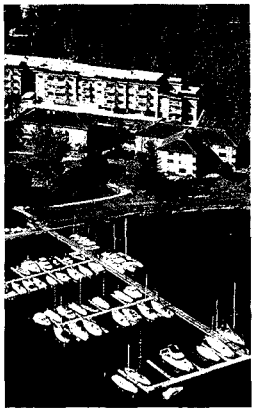

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his (or anyone's) success: honesty, faith, discipline, caring, teamwork, support, motivation, creativity, leadership, responsibility, courage, and generosity.

Thomas recounts success stories from such well-known names as Lee Majors, Pat Robertson, and the late Danny Thomas, to name a few, but perhaps the most inspiring stories come from such ordinary "common guys" as the couple from Florida who have been foster parents to more than 100 HIV-positive babies. Or how about the Wendy's and McDonald's employees who worked together in August 1992 to provide 70,000-plus free meals for South Florida residents devastated by Hurricane Andrew?

Not that ol' Dave pretends to solve all of our nation's problems in one little ol' book, he would have us know. Nevertheless, readers groping for values to solve their individual problems will find the chapter on "Responsibility" alone well worth the cover price. Here, Thomas reveals "My Three Most Successful Mistakes," posts a sign that reads "Easy Street Closed for Repairs," and explains "Making a Spectacle of Success."

By the time this book is published, Dave Thomas will have put Wendy's on track to become a $5 billion global company in sales, with 4,000 locations in 29 countries. Despite his heady success, however, Thomas keeps his prose strictly down-home. Quoting from the early subchapter "What You See Is What You Get," he writes:

"I . . . got to know Colonel Harland Sanders pretty well. The Colonel was franchising his Kentucky Fried Chicken idea to restaurants that were already up and running at the time.

"In 1962, I got the chance to move to Columbus, Ohio, to see if I could turn around four failing Kentucky Fried Chicken restaurants. The Colonel and others told me I was dumb to try, but I did it anyway. It worked. I became an on-paper millionaire as a result and then sold out my interest, becoming rich enough (and whacko enough) to build a swimming pool in our backyard in the shape of a chicken."

That's Dave Thomas. And that's *Well Done!*, a title that applies not only to the author's book, but to his life as well.

—Maynard Good Stoddard

What Auto Mechanics Don't Want You to Know: Second Edition
by Mark Eskeldson
234 pages, Technews Publishing, $11.95

Most people are unaware of the weapons dishonest and incompetent mechanics use on unsuspecting victims. Mark Eskeldson, host of the popular "Shop Talk: America's Radio Car Clinic," provides consumers with their own weapon: his book, *What Auto Mechanics Don't Want You to Know.*

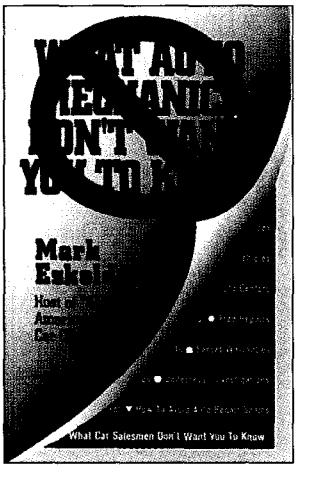
Eskeldson puts his 21 years of experience as an auto mechanic to good use in his work as a consumer advocate. Not only does Eskeldson divulge common deceitful practices with this book, but he arms the public with valuable defenses against ripoff artists. With personal anecdotes coupled with results of undercover investigations, *What Auto Mechanics Don't Want You to Know* is an important tool for every automobile owner.

Despite his vast knowledge of cars, Eskeldson avoids any confusing technical jargon. Instead, he carefully guides the reader through 19 chapters of virtually every major, and minor, repair job and tricks that may accompany each of them.

One common approach Eskeldson warns against is a scam used to get the most profit from customers by selling "unnecessary repairs." A typical scenario might find a mechanic regretfully informing a customer that he discovered additional problems during a scheduled repair or inspection. Of course, additional problems equal additional costs. Sometimes these problems are fabricated and no further repairs are conducted, yet the victim still pays for the services.

Another popular consumer pitfall is the all-too-familiar "bait and switch" sales tactic. Such traps frequently accompany advertised low-price coupon offers for various services. Many cannot pass up a good deal when they see one, which is exactly what repair shops are hoping for, and they have no problem finding people to fall for these scams.

Once a customer is in for a low-cost tune-up or tire alignment, two popular low-price deals, the mechanics come across unexpected problems that must be corrected, using scare tactics to ensure the customer takes the bait. For example, the mechanic will tell the owner that if he or she drives the car in its current condition, any number of dangerous, perhaps deadly, situations may unfold, such as loss of brakes or even a wheel falling off. Seldom is there any real danger. Eskeldson's advice: If a deal sounds too good to be true, it probably is.



Other revelations come thanks to the results of undercover investigations conducted by various consumer protection agencies from several states. Often, these agencies discovered unnecessary repairs, no repairs, and botched repairs; the results cost hundreds, sometimes thousands, of dollars.

In one instance, investigators took a car with a recently rebuilt transmission into a shop after disconnecting one hose. During their inspection, the mechanics said they discovered problems. They charged $150 just to disassemble the transmission and find the problem. Eventually, the bill came to $791.33.

Not surprisingly, many places use the extra cash to pad mechanics' salaries. The mechanics, however, cannot take all the responsibility. Most shops pay their mechanics a fairly small salary plus a commission on the jobs they perform. Some shops have a quota mechanics must meet, and some even conduct contests to determine who sells the most. Many repairmen rely on these commissions and contests for their livelihoods, and the temptation to cheat customers is great.

Eskeldson points out, however, that not all in the auto repair industry are corrupt. He estimates only 5 percent of mechanics use "unfair and fraudulent practices." The other 95 percent, he adds, are "basically honest," although many

continued on page 82

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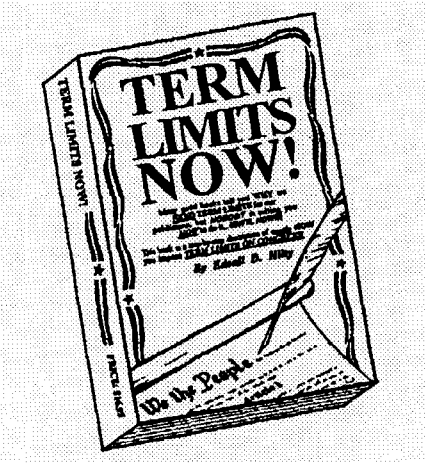

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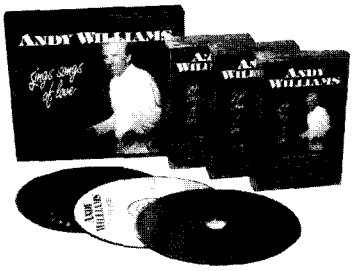

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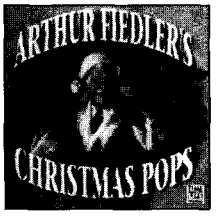

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"MY FATHER, ALBERT SCHWEITZER"

The many-sided genius would be in despair if he saw the chaos in the world today, but delighted in the young people learning from his example.

by Miriam Devine

Rhena Schweitzer Miller looks at a photograph taken in 1927 and smiles. Her father, Albert Schweitzer, is seated at a piano, and she is standing beside him.

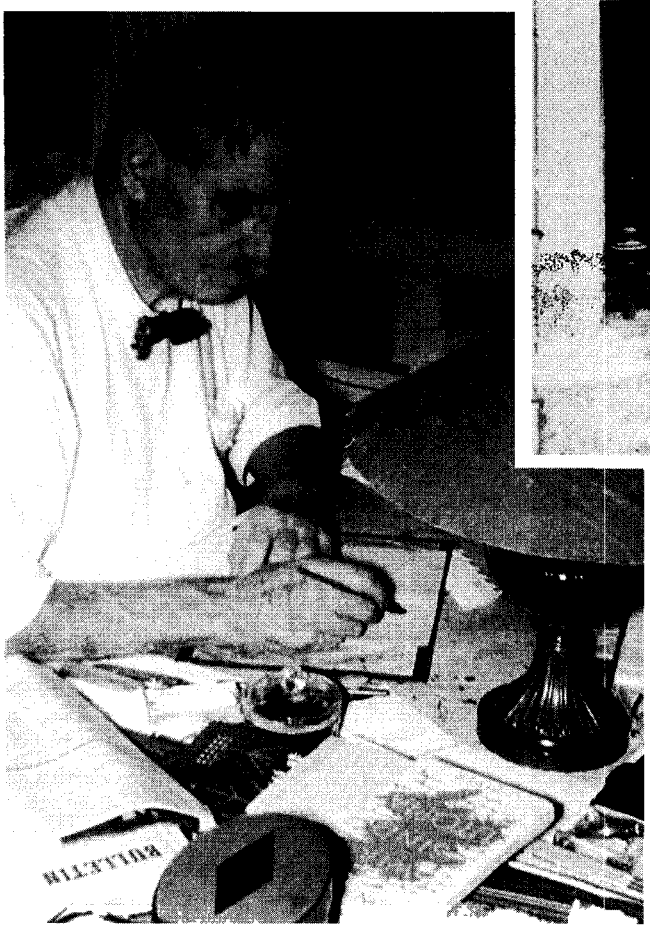
"He sometimes gave me piano lessons, but it didn't work out too well," she recalls. "He'd say to me, 'You stupid goose.' By the end of the lesson, I'd be in tears. He wasn't used to giving piano lessons to little girls."

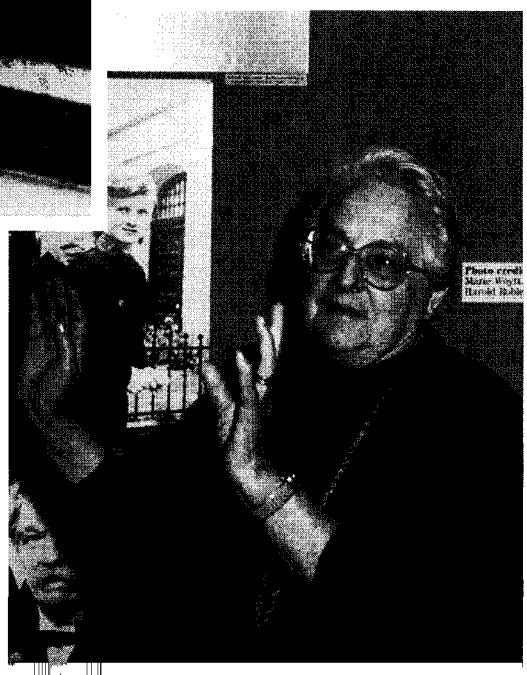
In the memorabilia room of the Albert Schweitzer Institute for the Humanities, Mrs. Miller is surrounded by memories of her father, one of this century's most remarkable figures. Born in Alsace, the son of a Lutheran minister, Schweitzer gained renown as a humanitarian, philosopher, theologian, physician, organist, and an authority on Johann Sebastian Bach before leaving everything behind to establish an African jungle hospital, which he ran for 50 years.

The Schweitzer Institute, based in Hamden, Connecticut, is an international, nonprofit organization affiliated with the United Nations. With educational, cultural, and humanitarian projects that reach around the world, the institute continues Dr. Schweitzer's work, and Rhena plays an active role.

There is a slight resemblance to her father in Rhena Schweitzer's face. Her eyes are intent beneath modishly cut white hair, which in her youth resembled Schweitzer's own undisciplined thatch. "I'm more like my mother," she says in a pleasant German accent. "I'm more critical than my father. He really accepted everybody. He was not the saint some people made him out to be, but he was an exceptional human being, I'm quite sure."

At age 21, the young Albert Schweitzer had made a decision. He would pursue his own interests until his 30th birthday; then he would devote the rest of his life to serving humanity. While still in his 20s, Schweitzer gained international recognition for his controversial studies of Jesus and the Bible, his philosophical treatises in which the seeds of today's ecological





(Above) Rhena Schweitzer with her famous father in 1927. (Left) Dr. Schweitzer at his mission office in Lamberéné. He had relentless energy and an astonishing capacity for work, both mental and physical. (Right) Mrs. Miller with memorabilia at the Schweitzer Institute in Connecticut.

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movement may be found, and for his writings about the piano and organ.

"But he didn't forget his promise," Rhena says. "When he was 30, he first tried taking in orphans and then tried helping released prisoners. Neither succeeded because he wasn't good at dealing with bureaucracy, which he hated. Then one day, he read of the desperate need for doctors in Africa. And that was it." She smiles. "I think he figured, in Africa, he would be far away from all the bureaucrats."

In 1906, Schweitzer resigned a prestigious and secure post as head of the Theological Seminary of St. Thomas in Strasbourg. He curtailed his scholarly writings and his organ concerts, and for the next seven years studied medicine. In 1912, he married Hélène Bresslau, a social worker and nurse, and a year later they headed for the Paris Missionary Society's station in Lambaréné, French Equatorial Africa (now Gabon).

"My mother had TB as a young girl, and it flared up when the French interned my parents as enemy aliens in 1917," Rhena recalls. "When my father returned to Africa in 1924, she and I went to live in the Black Forest in Germany. It was very hard for her, because their marriage was based on the idea of working together in Africa.

"When my father would come home, he was always besieged by visitors, and he'd be writing or giving organ recitals to raise money for the hospital. I didn't really get to know him until the last five years of his life."

Marriage, raising four children, and World War II kept Rhena in Europe until after her mother's death in 1956. When she wrote to her father, suggesting a reunion on their common birthday, January 14, he invited her to come to Africa.

What she saw when the Ogooué River steamer put ashore at Lambaréné was a cluster of wooden buildings with galvanized steel roofs. Schweitzer had designed them for durability and with an eye to easing the transition of patients from primitive huts to a hospital atmosphere. Families of patients were camped outside with their cooking utensils and sleeping mats. Goats, chickens, and dogs roamed beneath the palm trees. The doctor's pet pelicans strutted near the river.

"There was a staff of 25 to 30 nurses—Europeans, Japanese, Indonesians—and about 120 Africans," Rhena recalls. "I soon realized that they needed a good laboratory technologist, so I went home, studied in Zurich for two years, and returned to Lambaréné in 1960 with my diploma."

"He always said his work in Africa was done 'not out of benevolence, but of atonement.' He believed helping others was a duty."

It was with some reluctance, she notes, that her father took her on at the hospital, but he soon surprised her by making her chief of the laboratory.

"He was careful not to give me any special privileges, except I could go to his room in the evening whenever I wished. And I felt free to have some heated discussions with him. Sometimes he would get quite angry. But he'd soon get over it."

Schweitzer always had gotten up early, she says. Standing on the steps of his little house, he would call the roll of maintenance workers at 7:00 a.m. Administrative tasks, caring for patients, checking on leprosy victims in the village he had built nearby, perhaps repairing a leaky roof or talking with the many visitors from around the world—such was the stuff of his days, even at age 85.

He also spent many hours informing himself on the technical details and health effects of nuclear radiation and writing in his tiny, perfectly legible script passionate pleas to end nuclear testing.

"The staff always ate together," Rhena recalls. "When my father was in a good mood, he'd amuse us with stories about the hospital back in the '20s. He was a fascinating man. He was interested in everything. He could tell how champagne was made or talk about the latest fashions."

Schweitzer's "reverence for life" ethic, which he developed over the years in Africa, became the cornerstone of his lifework. It was a credo that embraced every living thing, including plants and animals, sometimes to the discomfort of his associates.

"Once, someone gave the hospital a

continued on page 102

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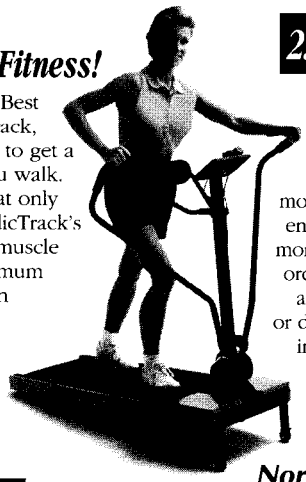

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POST SCRIPTS

My Favorite Dessert

I like Thanksgiving pumpkin pie
And apple cider sweet
But most of all, a kiss from you
Is still a special treat.

—Grace Cleary

Season's Greetings

I do not have to check the month.
My method will not fail.
To know exactly when it is,
I just peruse my mail.

No doubt the Christmas season is
Soon to begin again.
I know it's true, 'cause catalogs
Are starting to pour in!

—Kathleen Y. Bergeron

It's Just a Stage

My teenager is snarly,
His attitude does pinch;
His bedroom's downright gnarly,
He will not clean an inch.
All my friends advise me
To hang in there and wait
And pray that maybe someday
Adolescence will abate.

—Esther Crystal

Yuletide Hazard

I mailed my Christmas cards early,
To folks I always send to;
And now, I am addressing cards
To folks I didn't intend to.

—Berniece B. Phillips

Faithful to the End?

Most of us enjoy watching
Football on our TV sets,
But the more I watch, the larger
My own end zone gets!

—Ruth M. Walsh

Eyeopener

Love is blind . . . ask the lady who colored her hair and her sweetheart didn't even notice anything different about her.

—Jan Jacobsen

Baby, It's Cold!

When my closets are shambles I know
It is due to "autumnal" despair;
Dropping temps find each member at home
Madly searching for warm clothes to wear.

—Ruth H. Norris

Oral History

Two old-timers at the local senior citizens' center were discussing recent bouts with the dentist. One fellow complained about having five gold crowns and a platinum bridge. "My," the first senior citizen remarked, "you certainly know how to put your money where your mouth is."

—Herm Albright

Know-It-All News

If it weren't for the media, many of us would be allegedly uninformed.

—Ross Princiotto

Recharge Me, Please

My children have an energy
That is to be admired.
I think they draw their pep from me—
For I end up quite tired.

—Guy Belleranti

In My Opinion

You need the patience of Job when listening to someone who thinks he has the wisdom of Solomon.

—Peter Hardwick

Outdone

Who's doing the work in our household?
Is everyone doing a share?
I find when I'm doing the dishes,
My daughter is doing her hair!

—Jean B. Boyce

Sweet Talk

Speak tastefully, in case you have to eat your words.

—Wen Smith

"Want me to fill you in on what her face looks like?"

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Down with the Winter Blues

I know I've had my cold too long
Depression's gaining leverage
I find that I've begun to view
Cough syrup as a beverage!

—Sandy Harshberger

A Must-Read

The Saturday Evening Post is a must.
In our house it never collects any dust.
Stories are interesting, pictures
are great.
Published bimonthly, I can
hardly wait.

Medical news, sports, humor,
food tips,
True stories, pet helps, travel,
Post Scripts.
As a magazine, it's the best.
That's why my house is always
a mess.

—Joyce Friesner

Truth of the Matter

Government spending gives you an idea why laws are called bills.

—Martha J. Beckman

Poetic Justice

Pity the poet's friends.
Their misery never ends!
Bombarded by the curses
Of their friend's dreadful verses
To oblivion the poet they'd send.

—P. I. Maltbie

"Hey, look, it's 'Mr. Underwear Dance' himself!"

Persistence

If you're not in the running,
Keep on being a trotter;
A teakettle can still sing,
Even when it's in hot water.

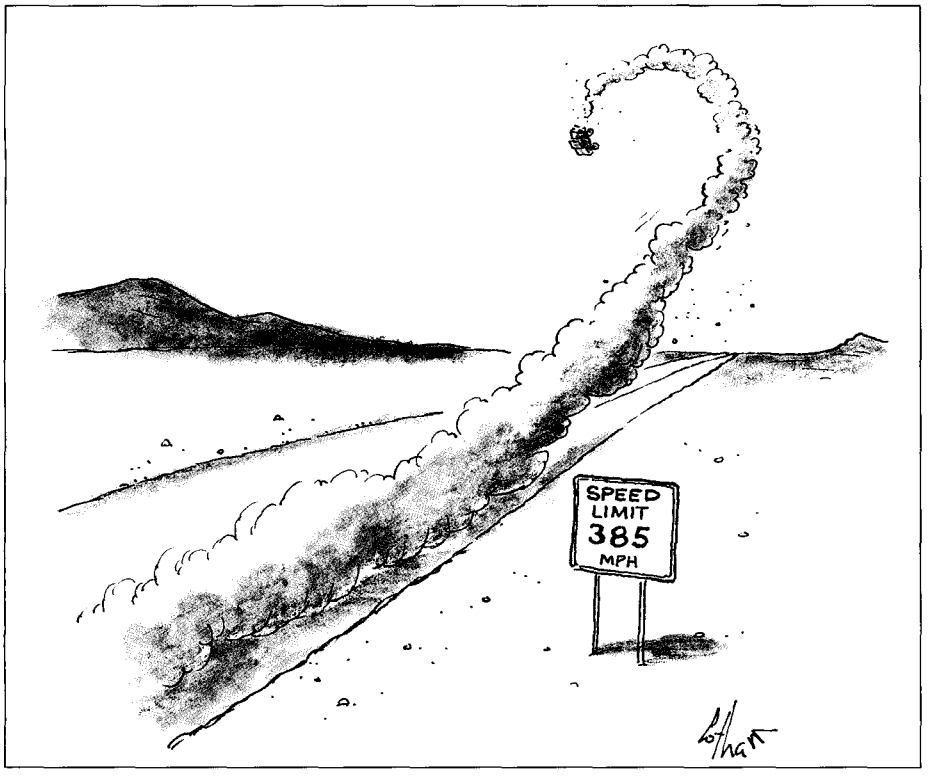
—Rosemary Perry

Mission Accomplished

I make a list of things to be done
And cross them off, one by one.

My sagging spirit seems to soar
As I complete each little chore.

—Betty Kashdan



Time's Passages

I remember June Allyson
Way back, friends
Long before she
Praised Depends.

—Shelby Friedman

Two Are Too Few

With baby in basket
And blankets to carry,
And toddler with teddy
And trucks to ferry
About streets, stores, and stairs,
It's necessary
That parents be four-armed.

—Adele Turner

A Bird in the Hand

It's a rare man who can't be kept under a woman's thumb and wrapped around her little finger at the same time.

—Frank Walsh

Best Friends

How many friends
Can a friend befriend
In a friendship firm and true?

A friend can friendship
Many many friends,
But very best friends are few!

—Vada Lee Jones

Sweet Dreams

No matter where I may travel,
I always think ahead
And pack my prized
possession:
The pillow from my bed.

—Jacqueline Schiff

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Two Real Smoothies... The *POST* and St. Ives

"How dry I am," the infamous line from the song of long ago, was a plaintive cry from a parched palate calling for liquid refreshment. The same cry is now emanating from rough and painful skin parched by the wind, sun, and frequent hand washings.

When skin cries out, an answer is near at hand. It comes from a 20-ounce pump bottle or a convenient 3.25-ounce tube. Its name: St. Ives Swiss Formula® Collagen-Elastin Dry Skin Lotion.

Extra Relief is a rich formulation for extremely dry skin, a combination of botanical proteins that penetrate deeply into the outer dermal layer. The soothing lotion relieves chapping, itching, and soreness, caused by exposure to the weather or harsh cleansing agents.

But don't take our word for it.

Nurse Faith Kramer's hands can get painfully rough and dry in her profession. "St. Ives Swiss Formula is the best dry skin lotion I have ever used," she proclaims. This testimonial is based on the extra-strength, extra-rich healing moisturizers and Swiss botanicals that relieve even the driest skin, leaving hard-working hands extra soft and smooth.

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Whether your skin requires immediate attention, if your reading material has dried up—we're talking about quality reading for the entire family—we heartily recommend a subscription or renewal to *The Saturday Evening Post*. The *free* tube of St. Ives Extra Relief Collagen-Elastin Dry Skin Lotion will be in and on your hands before you know it.

As the lotion brings relief to dry skin, the colorful pages of the *Post* will satisfy your thirst for good, clean fiction . . . for grins, giggles, chuckles, and a belly laugh or two from cartoons, "Post Scripts" and humor articles . . . for exciting lands you can visit from your easy chair . . . for feature articles on personalities, religion, medical advances . . . for answers to your questions on how to stay fit, live longer, and be happy.

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THE SATURDAY EVENING POST

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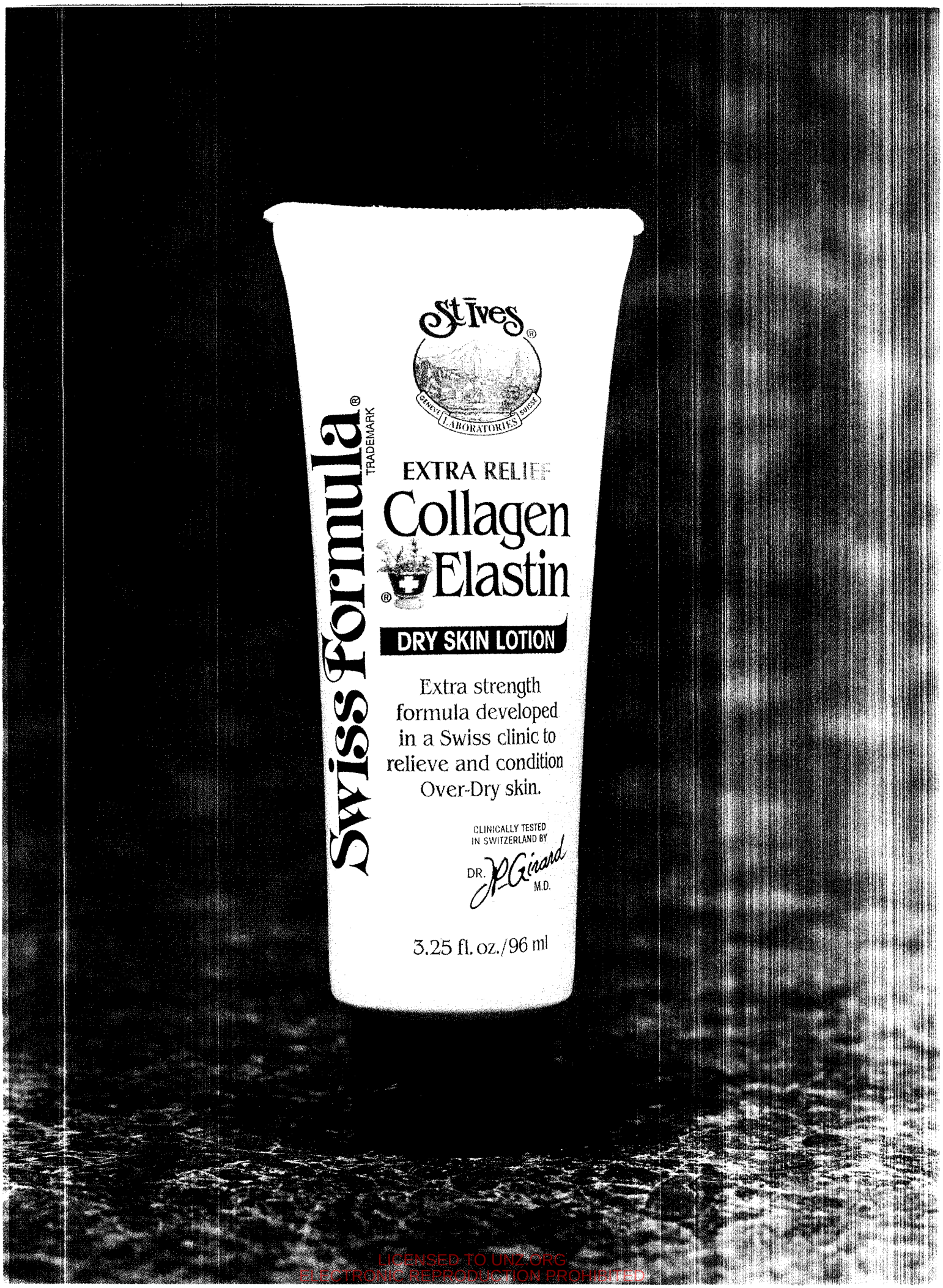

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The American Illustrators Hall of Fame

THE CHRISTMAS SCENE

Post *illustrators offer a lighthearted look at the hustle and bustle of America's favorite holiday.*

At Christmas play and make good cheer,
For Christmas comes but once a year.

Thomas Tusser's famous lines well express the playfulness of *Saturday Evening Post* illustrators who have spread good cheer to generations of readers through their Christmas covers.

The familiar scenes that follow are certain to stir up memories of past Christmas seasons: the pooped-out salesclerk with aching feet; the annual ordeal of the tree trimming; the gift-wrapping ritual gone haywire; and the familiar Christmas triangle of father, son, and electric train.

Here, also, we find the season's secretive side—snooping into closets in search of hidden gifts; department store safaris that always wind up at the necktie rack; and the inevitable child's realization about the true identity of the man in the red suit.

Post illustrators obviously drew from personal experience here. Though the children depicted have no doubt grown up (or even grown *old*), the situations are ones that might have happened only last year. The world scene alters, yet the Yuletide routine—with its manifest tribulations, joys, and poignant memories—remains, happily, little changed.

Johnny has asked for a bike, Mary a doll. But if Dad can hide his heart's desire behind the facade of a gift for both, guess what the kids will find beneath the tree? Unless Mom derails the idea, that is. (Dec. 15, 1956)

Artist Dick Sargent's boy seems to be saying, "I know you hang around the North Pole a lot, Santa, but clinging to a pole in the subway is ridiculous. Instead of my sitting on your lap, you sit down and I can tell you what I want this year while standing." (Dec. 10, 1955)

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Norman Rockwell began work on this painting for the December 27, 1947, Post in the midst of Chicago's summer heat. Marshall Field's department store set the stage for the toys, but it remained for the artist to find just the right girl—a tavern waitress.

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When it comes to hiding gifts beneath colorful paper, ribbons, and bows, it's the ladies who usually get all wrapped up in the project. But there are exceptions—such as Dick Sargent's intrepid do-it-yourselfer (Dec. 14, 1959) who, next time, will leave the job to the paper professionals.

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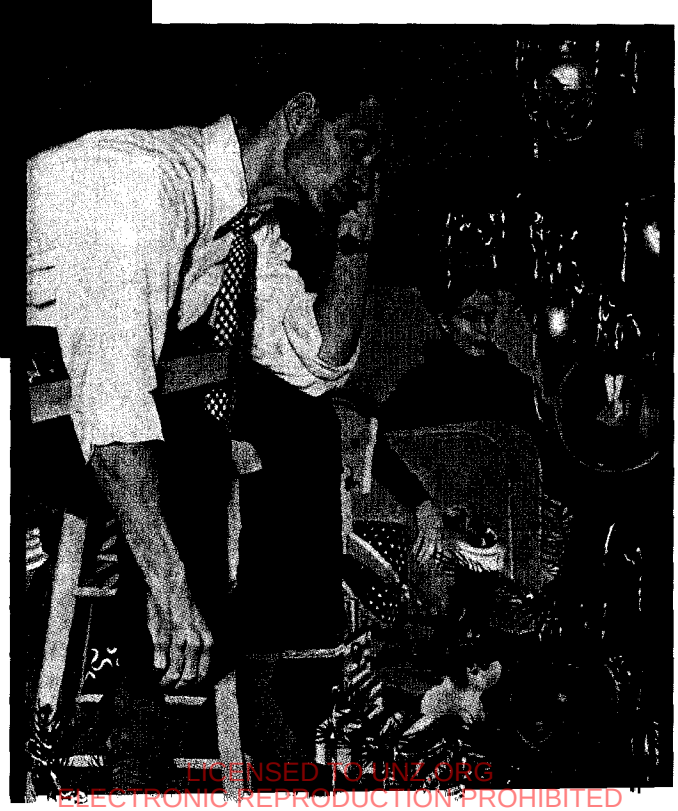
Because of all the chimney soot he collects, Santa must have been itching to get out of his suit. But what a hairy Christmas Eve for Junior, as Santa seems to have gotten out of his beard as well. If the jolly old gent is now riding around bare-faced and wearing only his shorts, "On Cupid" indeed! (Dec. 24, 1956)

Surprise! Surprise! He said, "You get the tree." She said, "You pick out much nicer trees." And there the matter stood. Thus, there stood "her" tree when last-minute Marvin came barging through the door with his "much nicer" selection. (Dec. 23, 1950)



Artist George Hughes' Christmas came twice one year (Dec. 24, 1949). In June, he hacked down a tree, trimmed and lighted it, then placed his daughter's toys under it. The artist had to paint fast because the tree began dropping its needles. Although the tree trimmers haven't dropped, they look well on their way.

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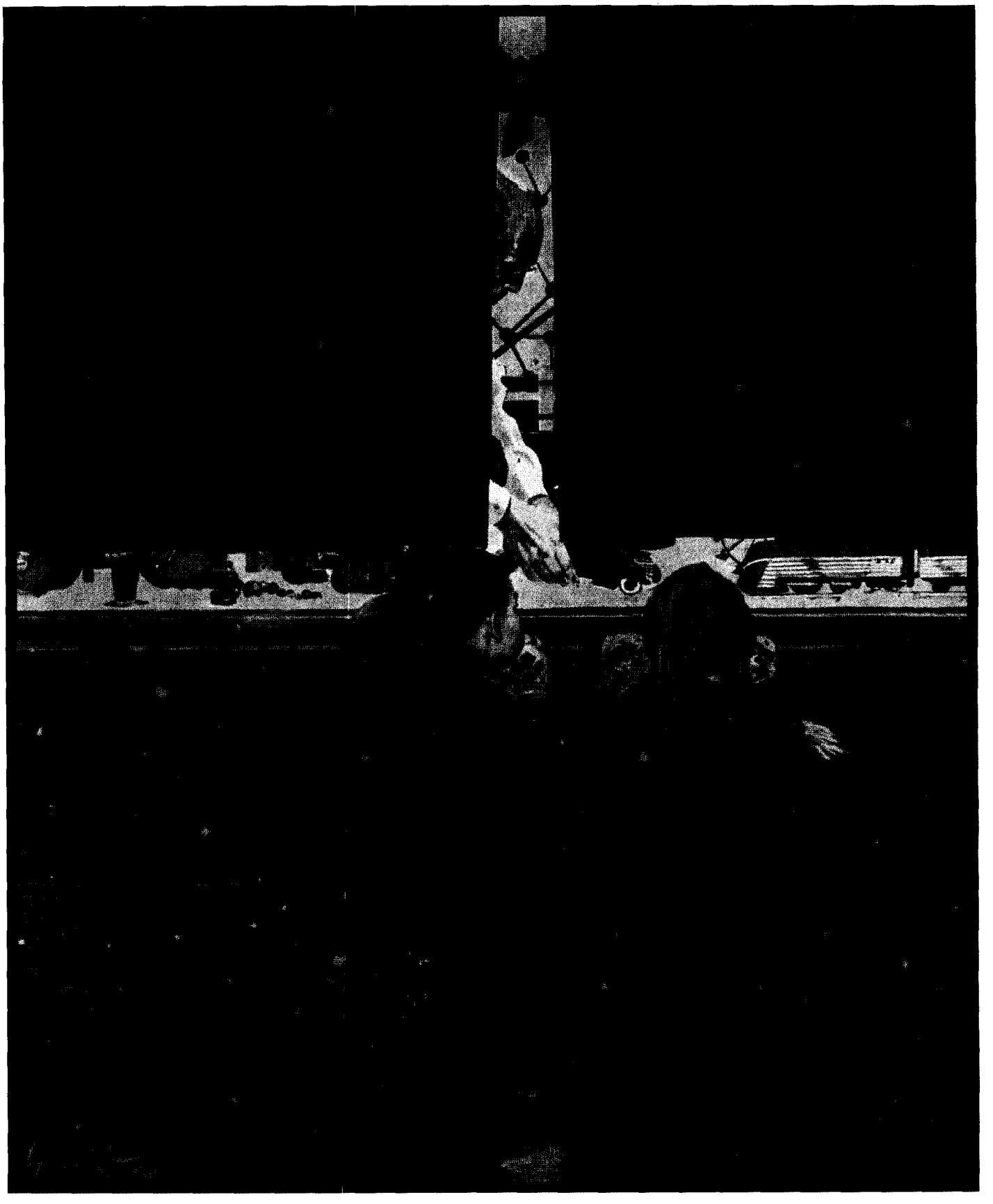

Praying for toys and games rather than socks and underwear? Not these two. They are window shopping the hard way. Artist Coby Whitmore (Dec. 9, 1950) catches the spirit of that joyous age when Christmas retains all the wonder and promise of the season.

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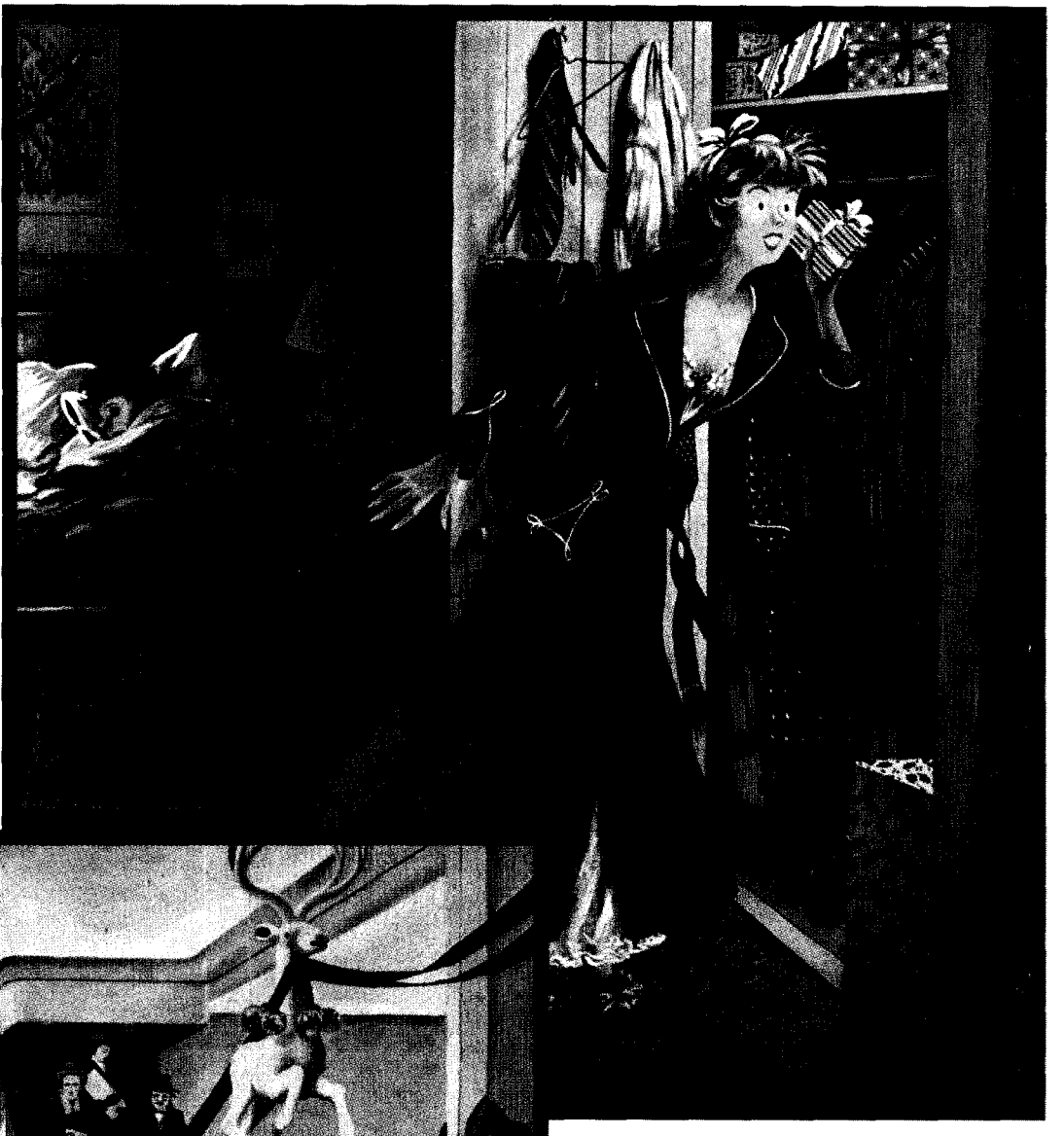
The wife is riffling through a closet of conservative clothes for Christmas gifts. Originally, Constantin Alajalov had painted the wardrobe in spectacular colors. However, when his maid saw the bottle-green suit and the scarlet dinner jacket, she said, "Oh, I get it—the man in bed is a bandleader!" Back to the easel. (Dec. 10, 1949)



It matters not that hubby may be all "tied up." A devoted wife will still seize the excuse of Christmas to enhance his wardrobe with more nooses, in a combination of colors and patterns she herself wouldn't wear to a dogfight, much less to the office. John Falter artfully conveys the message that opening the gift will leave poor hubby fit to be tied. (Dec. 6, 1952)

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The girl's voice quavered, but it held a note of defiance too. "I guess you'll take me up to the policeman," she said.

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Stolen Christmas

By ARTHUR MAYSE

Thief after thief had despoiled the Christmas feast. Now Father Jerome confronted the last and most outrageous thief of all.

"The tur-r-rkeys, father," said Capt. Red McClintock, of SS Redonda, "is earmarkit for Morant's construction stiffs up at Yalquitz Inlet. Aboot those other three cases, I'll be frank wi' ye. Yon's rum to go with the bir-r-rds, and if ye'd as soon not handle it——"

"I'm in need of ballast," said Father Jerome. The young eyes twinkled in his weathered, gentle old face, but if a smile quirked his mouth the jut of beard, which was his one aggressive feature, masked it. "The cases will serve excellently." He tugged at his watch fob. "Now, I'd best push on if I'm to catch high-water slack at Topaze Narrows."

The little Oblate missioner descended spryly from the steamer's bridge, crossed her canted deck, and with British Columbia fog swirling about him, paused by the ladder head.

"I suppose there's no further word of Agincourt's men?"

"Never a whisper," Captain Red told him. His own plight was annoying, Redonda aground on a gale-shifted bar, but it was now five winter days since the freighter Agincourt broke her back at sea.

"May God be with them," Father Jerome said. "And with you, captain. A merry Christmas!"

"It'll be merry, all richt," Captain Red replied grimly. "But same tae you, sir. Ye've liftit one load off ma mind."

He watched the cargo net swing up empty and the mission boat Mainadieu, thirty feet of teredo-riddled hull and antique power plant, dwindle with softly thumping exhaust into the fog. Redonda, he expected, would spend her Christmas in dry dock downcoast, but the isolated folk at the top of the northern run would have their holiday fixings for all that. His faith in the wilderness priest was tested and complete.

Cliffs bounced Father Jerome's "Gloria!" back at him in a sepulchral echo. He gave the wheel a spoke, feeling under his gasboat's nose the first uneasy tremor of the pass. Good sailormen aplenty refused to run the double dog-leg of Topaze Narrows in fog, but he held unconcernedly to his course, chanting in the Gregorian measures which alone could compass the fullness of his heart. He had been bound north for Aragon Indian Reserve to hold Christmas with Chief Peter Saul and his band when, hearing Captain Red's un-Gregorian bellows through the murk, he had poked into Nyall River estuary to investigate. Father Jerome was happy now—happy in his errand, happy in a Master whose providence extended to small occasions as well as great—and he magnified the Lord in song from the mouth of Topaze clear through to the gut by Middlenotch Rock.

Tide met him there, the first surge of the ebb, and for ten minutes he was too occupied for singing. The last boil released the rudder. Father Jerome wiped spray-wet cheeks on his rusty sleeve, eased the clanking engine to half throttle, and glanced over his shoulder at the mounded trove in the cockpit. He should have spread a tarpaulin; the two cases of frozen turkeys had taken a dousing. Anxiously, hoping salt water wouldn't impair the flavor, he rectified the omission, while Saint Christopher veered a drift log from Mainadieu's unguided path and the wings of angels parted the fog before her.

Mainadieu carried no barometer, but the years had sharpened her master's

ILLUSTRATED BY DOUGLASS CROCKWELL

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weather sense to instinct. He knew without benefit of a glass that pressure was falling. Blackfish Reach could give a small boat a wicked dusting in a blow. As they left the narrows astern he loosed a quick breath of relief. The steel-colored expanse of the reach was troubled by no worse than its customary chop.

Two trollers, large offshore craft, were pulling up on him from the south. A red head poked out of the nearest pilothouse and a bull-throated hail assaulted his ears, "Hey, fa-a-ather! Where to are yez heading?"

"Aragon!" he shouted back. "By way of Yalquitz!"

"You'd be safer in a butter tub! Heave out yer fenders! Us and Gypsy Rose will snuggle yez up and trot yez across to Blackfish Point!"

Gratefully, Father Jerome lowered his rubber-tire guards. The trollers, husky, high-bowed fifty-footers, closed him from port and starboard with a purring of powerful Diesels. Mainadieu's hull creaked and complained as the fishboats sidled into position. Then, cozied between them, secure in a cat's cradle of deftly rigged lines, she forged ahead.

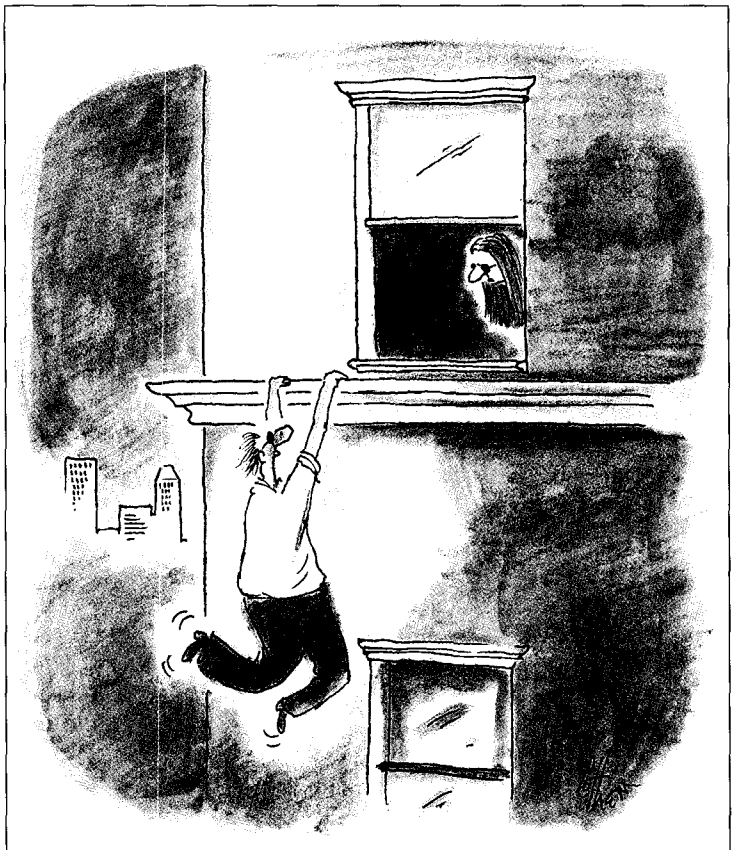
"And since whin has the Church got gas to fritter?" That was big, ginger-haired Pat Houlihan, grinning down from his Galway Girl while his bright black eye roved the mission launch. "Just shut off yer power, sor. It's Christmastime, and yez'll have this trip on us."

Houlihan's inspection settled on the cockpit and froze there. "Houly old baldheaded!" he breathed. "I'd not have believed it! Father Jerome, ye've turned bootlegger! Yer boat, though it shames me to say it, is no better thin a seagoing blind pig!"

The little priest had forgotten that portion of his cargo entirely. He leaped as if stung, while the color rushed to his cheeks. Pat Houlihan checked his vehement outburst of denial and explanation with lifted hand.

"Ah, no need, no need at all, sor. Show me the one of us hasn't got his clay toe. We love yez the better for it, father." The grin curved up toward his large red ears. He said, in a voice that would wheedle a bird off its perch, "Come aboard, dear man. Don't we know yez'd never sully yer gozzle with the demon? It's funning I was, and ye have my apology, and I'd be honored to take a bowl of tay with yez."

The story would travel the length of the coast, Father Jerome realized ruefully. But the offer of a mug-up in Galway Girl's warm cabin was a potent inducement. He crossed to the troller, and with Pat Houlihan's blue-jerseyed arm heavy across his shoulders, went below.



"I'm falling! Get the camcorder!"

A good place to be, Father Jerome mused. And for all his rascally ways, Houlihan was a man of outgoing heart. He relaxed into warmth and unaccustomed security, drinking Christmas music from Galway Girl's radio with his strong tea, lulled by the throaty pulse of the Diesels, snug in this hull that made summer weather of the wintry reach.

Houlihan's voice bore in on his reverie, "Excuse me, father. There's weather making, and I've a bit of snuggin' down to do topside. Pour yerself another dish, why don't yez?"

He had been pushing along the coast since earliest dawn, and he was very tired. Drowsiness flowed through him in a creeping tide. He refilled his crockery bowl, kindled the pipe which was his one indulgence, and sat contemplating the fat brown teapot on Galway Girl's stove while the music caressed his spirit. A carol he had not heard before, a lovely refrain, and a boy's voice singing high and pure and true:

"I am the donkey, shabby and brown;
I carried His Mother up hill and down;
I carried her safely to Bethlehem town."

The words set him smiling. The donkey, shabby and brown. God's burden bearer. Was it sacrilege for a priest to think of himself at times as God's donkey, stumbling but faithful, grown old and gray in service?

The thought winnowed out of reach. Father Jerome's head sagged to his forearms.

When Father Jerome woke, the sky through the cuddy windows was gray with evening. He started up, bewildered and disturbed. The radio chimed softly still, but it had changed its location. So had he. He lay in his swing-out bunk, in his own gasboat, and forward motion had yielded place to the easy sway of a craft at rest. Now that he was full awake, the music no longer perplexed him. His own radio had been out of kilter for months, a tube blown and batteries dead. This set, he realized, was the white-cased one that had betrayed him into sleep on the salmon boat. A gift. Pleasure thrilled through him. Pat Houlihan had left him the fine little radio for a Christmas present.

On deck, he saw that Mainadieu rode to anchor in a weatherproof lagoon. Galway Girl and Gypsy Rose, their running lights aglow, were diminishing toward the hook of the point. Something about those trollers puzzled him, a certain erratic quality to their progress, as if they rolled arm

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in arm along a primrose path.

Father Jerome's gaze leaped to his cargo. The three cases of rum were as he had left them, but on one of his two turkey crates a wrench held down a note. He opened the folded sheet, and bills fluttered to the deck.

"One bird for Pete Schultz's widow," he read, "one for the Arnesons at Bligh Island that had the fire last month, and one for the Carson Creek MacDonalds with the three pretty daughters. Thanks, father; we knew you'd not mind."

One hundred and twenty men in Morant's construction camp; three turkeys from thirty left twenty-seven. They'd still dine well. The camp cook was a butter-hearted Portuguese, Father Jerome recalled. When he learned the circumstances, Manuelo would overlook the loss.

Ten minutes to five, his watch told him. If he was to discharge his holiday lading by Christmas Eve, he must not linger on the way.

Back in the cabin, he paused to twiddle the radio dials. A newscaster's voice cracked out at him:

"... Winds of sixty-knot velocity are already battering Sandspit in the Queen Charlotte Islands, and storm warnings have been issued for waters south to Oregon. United States Coast Guard and RCAF Air-Sea Rescue teams have all but given up hope for the crew of the British freighter Agincourt, who abandoned ship five days ago two hundred miles off Cape Constance. Fog earlier today hindered the search, and with a new gale threatening——"

A line of worry deepened across Father Jerome's forehead. He switched the radio off and ducked aft to the engine. A full gale would prison him here for many hours, perhaps days. If he was to fulfill his mission he must gamble with wind and sea on a night run across Orion Sound. He faced the prospect without enthusiasm.

Something else troubled him. In his nostrils persisted an odor which was no part of the familiar, multifold fragrance of Mainadieu's bilge. He sniffed again, eased his boat between the rock gates of the lagoon, set her on course and darted to the cockpit. The top rum case of the three wore an air of innocence. But a tinkle of smashed glass rewarded him when he stirred the case with his gumboot, and the burned-sugar smell assailed his nose powerfully.

They hadn't broached the case. But he realized with equal certainty that its contents were gone—and the antics of Galway Girl and Gypsy Rose could only have been described as tipsy.

"It's only October, buster. You're butting in on my territory."

Rounding the hook of Blackfish Point, feeling the first uneasy lift of Mainadieu's bows to the weather, Father Jerome tried to assure himself that the construction workers at Yalquitz Inlet were better off for a few bottles the less.

Tide and wind were kicking up an ugly cross-sea off the tip of the point. Father Jerome ate a one-handed supper of corned beef and pilot bread at the wheel, his eyes straining to pierce the gloom. It was a relief to boat and skipper when, tide rips and overfall astern, they settled to the more comfortable rhythm of the open Pacific. The seas weren't cresting—not yet. The gale was still lashing its tail north, away in its lair below the Alaska panhandle. By midnight, all going well, they would have ended their scuttle across waters no thirty-footer was meant to brave in winter.

He was well into the crossing, Mainadieu answering sweetly as she ran northwest through the deep night of ocean, when the sea cried out to the little priest in a thin and lonely voice. The sound came again, and this time Father Jerome knew it for no cry of late-wandering gull, but a hail from a human throat. His voice horn hung by the binnacle. He fought the warped wheelhouse window open. Spray drenched his face and beard as he leaned out and sent his answer braying through the horn.

The next hail came from startlingly near. He glimpsed a phantom blur, dead ahead on a collision course, and let Mainadieu fall away into the trough. A lifeboat. It rose on the next crest and he saw the wet white faces of men. There were other lifeboats—two more—close-grouped and riding low in the sea. Each dim face turned to him was a prayer.

"Agincourt?" He flung the question through his horn, his heart leaping.

"Aye!" The voice that blasted back at him, exhausted and sea-roughened, rang with an iron triumph. "All alive-o! How far to land?"

They'd had five days in the boats. There would be thirst and hunger and exhaustion aboard, frostbite; pneumonia, more than likely. Quartz Harbor with its Red Cross outpost hospital lay across the sound. For all his faith in Mainadieu, Father Jerome knew she couldn't make it, not in a rising gale with forty men lowering her freeboard to inches. What they must have, and soon, was fire and food and drink.

He remembered the snug haven he had left an hour ago. Decision followed hard on the thought.

"I'll take you in tow!" he shouted. "Stand by for my line!"

The hand of the Lord was over him

continued on page 74

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ROOM TO BREATHE

For 25 years, Nedra Meiller struggled with debilitating emphysema. Today, thanks to a new surgical procedure, she leads a normal life.

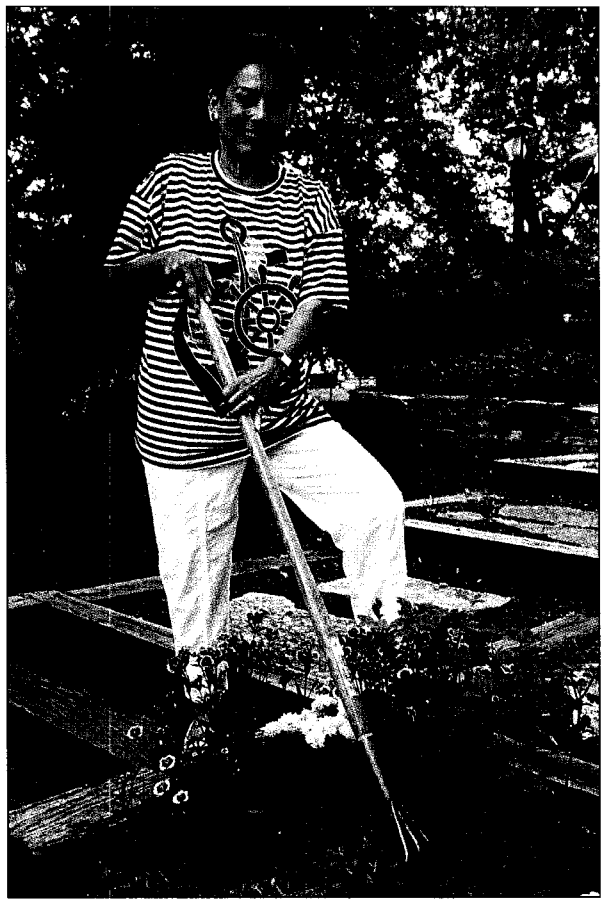
by Caroline C. Decker

A year ago, Nedra Meiller struggled for nearly every breath. Simple tasks like taking a shower and making the bed had become arduous chores, requiring frequent rests.

Meiller's world was her home, except for doctor's visits; she could no longer go grocery shopping or walk to the mailbox. She relied on a wheelchair to get to and from the car, which her husband drove. "I felt like I was suffocating," Meiller says. "The only time I could breathe was when I was sitting down, doing nothing."

Emphysema, with which Meiller had lived for 25 years, had taken hold of her lungs. At 58, suicide had become more than a fleeting thought, Meiller recalls. "I became so depressed because I couldn't do anything," she says. "I no longer felt like a wife or a mother. I wondered why I should go on. I wasn't living; I was existing."

But eight months after undergoing a new surgical procedure developed by lung transplant surgeon Joel D. Cooper, Meiller says there is virtually nothing she can't do.



Portions of Nedra Meiller's lungs were removed, making room for her lungs to expand and contract in her chest cavity. Nedra now tends a garden, a once-impossible task.

During the operation, Dr. Cooper removed expanded portions of Meiller's enlarged lungs. Decreasing the overall size of emphysema patients' lungs literally gives the lungs more "breathing room," Dr. Cooper says.

"I can believe the difference," says Meiller. "I'm a new person. I have more energy now than I've had in years."

Meiller now manages her St. Louis home with ease. She no longer stops to catch her breath while gardening, cooking or vacuuming. Her daily routine includes riding an exercise bike or walking on a treadmill for 30 minutes. For the first time in several years, Meiller has planted a garden.

She is one of the first 20 emphysema patients to undergo the procedure that dramatically improves lung function and helps patients breathe more easily.

"So far, we've seen an average improvement of 82 percent in patients' breathing capacity," says Dr. Cooper, who performed the first procedure in January 1993 at Barnes Hospital in St. Louis. "For these severely disabled patients, this translates into a marked improvement in the quality of their lives."

During the surgery, Dr. Cooper removes 20 to 30 percent of each lung—the most severely damaged areas. Within six months of their surgery, patients were able to resume many of the activities they had avoided for years. In the future, the surgery may be the treatment of choice for some patients with severe, debilitating emphysema who have failed to respond to medication, respiratory care, and other medical therapy.

The Disease

Emphysema, most often caused by cigarette smoking, afflicts an estimated 1.6 million Americans. The previously irreversible disease causes the lung's tiny air sacs to overinflate, damaging their ability to expand and relax as a person breathes. Therefore, less oxygen gets into the bloodstream; to compensate, the lungs gradually enlarge until they fill the chest cavity and flatten the diaphragm, a muscle critical to breathing. Ultimately, each breath becomes a chore.

As the disease advances, emphysema patients grow weaker. At first, they experience only slight shortness of breath but, gradually, become incapable of minor physical activity. Some patients eventually become dependent upon supplemental oxygen, even while resting.

"Emphysema is like breathing in as far as you can and having to live with your chest in that position for the rest of your life," Dr. Cooper says. "That's what progressively happens to these patients—their lungs are fully expanded and they can barely breathe."

Until now, lung transplants offered the only substantial relief for patients with end-stage emphysema. But transplants—which subject patients to a lifetime regimen of antirejection drugs—are risky and used only as a last resort. Moreover, the supply of donor lungs falls far short of the demand. As a result, not all suitable lung transplant candidates can get onto a transplant waiting list; some patients on the list die during the long wait for a suitable donor.

The concept of reducing the size of emphysema patients' lungs to help

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them breathe more easily is not new. It was first proposed some 40 years ago by the late Otto Brantigan, M.D., a surgeon at the University of Maryland in Baltimore. Dr. Cooper learned of Dr. Brantigan's work six years ago from a colleague in Quebec.

In the 1950s, Dr. Brantigan operated on 30 emphysema patients to remove damaged lung tissue. About one in six of the patients died following surgery, Dr. Cooper says, but 75 percent of the survivors claimed they felt better. Leading surgeons, however, dismissed the procedure, because Dr. Brantigan lacked any objective data to demonstrate that patients could breathe more easily following surgery.

"I'm doing things I haven't done in 15 years. This operation has definitely given me back my life."

Dr. Cooper's pioneering experience with lung transplants—he is credited with performing the world's first single- and double-lung transplants—led him to think that Dr. Brantigan may have had a good idea.

Immediately following a lung transplant, an emphysema patient's overextended rib cage and flattened diaphragm return to a more normal configuration, Dr. Cooper observed.

While examining emphysema patients' lungs removed during transplantation, Dr. Cooper also noted that the severity of the disease varied throughout the lung. Removing the most damaged portion of emphysema patients' lungs could improve overall lung function, he reasoned.

"That gave credence to the notion proposed by Brantigan—that if you can improve the ventilation of patients with severe emphysema, you can improve lung function and relieve their shortness of breath," Dr. Cooper says.

Initially, Dr. Cooper offered the procedure only to emphysema patients who were too old or otherwise not suited for a lung transplant. After the procedure's early success, he expanded the criteria to include some emphysema patients who would otherwise qualify for a lung transplant. Only those who had given up smoking entirely were considered for the surgery. Patients who underwent the surgery ranged in age from 37 to 76 years (mean age of 56); 11 patients were male and nine were female.

All patients underwent a six-week lung rehabilitation program before surgery to improve overall health and stamina, which helps to reduce complications afterward. The program includes walking on a treadmill or riding an exercise bike three to five times a week.

The Treatment

In surgery that takes two to three hours, Dr. Cooper and his team begin by ventilating both lungs. Then, working on one lung at a time, they stop ventilation in one of the lungs. Without oxygen, the more normal portions of the lung collapse, while severely damaged areas remain inflated. Dr. Cooper removes the inflated areas. The procedure is carried out on the other lung.

Initially, the procedure was complicated by multiple small air leaks in the lungs following surgery. The staples used to seal off the lungs leave small holes in the fragile lung tissue. Dr. Cooper solved the problem by using thin strips of tissue to buttress the staple line. The tissue is obtained from the strong, leathery pericardium of cows. The bovine tissue has helped to reduce the average hospital stay from 20 days to 13 days.

Dr. Cooper cautions that the surgery does not cure emphysema. "These individuals may continue to experience deterioration from emphysema, but if we can reset the clock by two, three, or five years, maybe more, then we think it will be very worthwhile," he says.

So far, results have been dramatic. James Henry, 77, of Clarendon, Arkansas, the first patient to undergo the procedure, now plays golf at least three times a week and rides an exercise bicycle every day.

Before the surgery, Henry recalls, "Everything I did was an effort. I could not walk 25 yards to carry the trash to the curb without stopping to sit down. But now, my quality of life is 100 percent."

Bonnie Gillmore, 49, of Plainville, Massachusetts, was diagnosed with emphysema 15 years ago. She says the surgery has given her a new life.

"Before the surgery, I had to keep my hair short because lifting my hands overhead to wash my hair was exhausting," says Gillmore, whose emphysema was so severe she had to quit her job as a computer software engineer. "Walking down the block to pick up a newspaper was a major event. Now, I'm doing things I haven't done in 15 years," she says. "This operation has definitely given me back my life."

Of the first 20 patients to undergo the procedure, 14 required supplemental oxygen during exercise or strenuous activities, including five who also required oxygen at rest. Three months following surgery, only two patients need supplemental oxygen during vigorous exercise; one patient requires oxygen at rest.

"Frankly, I hadn't anticipated that so many of these patients would be able to discontinue oxygen," Dr. Cooper says. "It was a pleasant surprise."

While it is too early to determine the long-term effects of the operation, for most patients whose follow-up period has reached six months, lung function has continued to improve. Dr. Cooper has measured patients' improvement objectively by administering breathing and exercise tests and subjectively by using standard evaluation of quality of life. Consistently, patients report a significant improvement in energy level and physical mobility and a reduction in health problems related to job, housework, social life, and hobbies following surgery.

Dr. Cooper attributes the success of the surgery to the skilled surgeons, anesthesiologists, respiratory therapists, and nurses who all have extensive experience working with lung transplant patients. He predicts that thousands of emphysema patients will undergo the procedure as hospitals assemble skilled surgical and support teams.

Word of the new procedure has spread since Dr. Cooper presented preliminary results in April at the annual meeting of the American Association for Thoracic Surgery. His office has fielded over 1,000 phone calls from patients around the country wanting to learn more.

If the early success of the surgery translates into a long-term benefit for emphysema patients, the procedure may become an alternative to a lung transplant for some patients and a means to postpone transplantation for others.

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BREAKTHROUGH FOR EMPHYSEMA PATIENTS

Dr. Joel Cooper's volume reduction surgery is breathing new hope into previously disabled emphysema patients, greatly improving the quality of their lives.

by Patrick Perry

Editor's Note: *In 1985, the* Post *reported on the world's first successful lung transplant, performed by Dr. Joel Cooper. Prior to the life-saving operation, emphysema patients and others with severely damaged lungs had little hope.*

A decade later, Dr. Cooper reveals details of yet another innovative breakthrough that he and his expert transplant team have developed. Called "volume reduction surgery," the procedure promises to give renewed vigor and an improved quality of life to thousands struggling for breath.

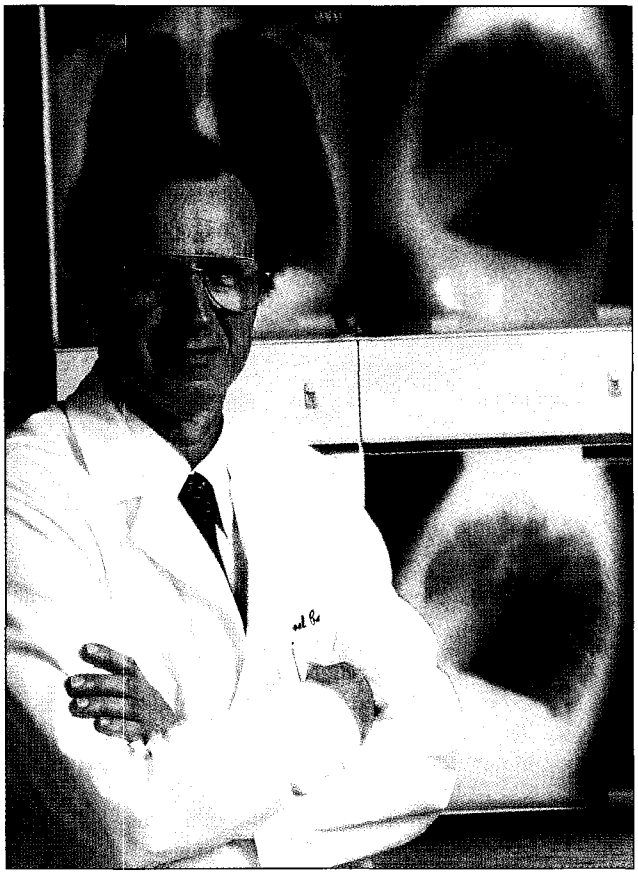
Now a professor at Washington University School of Medicine and a surgeon at Barnes Hospital in St. Louis, Dr. Cooper and his team have performed more than 230 lung transplants, with a 94 percent success rate. Today, the surgery is performed all over the world. Dr. Cooper applied insights gained from lung transplantation to volume reduction surgery. The surgeon discussed factors that prompted him to reexamine a notion first proposed 40 years ago, as well as the criteria used in determining a patient's eligibility for the surgery and the impact the procedure is having on people's lives.

The Post *has followed the story of one of Dr. Cooper's transplant patients, Patsy Ruff. Then a 41-year-old emphysema patient weighing 75 pounds and barely able to survive, Ruff read the article in the May/June 1985* Post *and contacted Dr. Cooper. Patsy received her lung transplant in 1987 and continues to thrive.*

Not only is Dr. Cooper instrumental in teaching others to perform the lung transplants and now volume reduction surgery, he continues to research factors that influence the postsurgical survival rate of transplant patients, including immunosuppression and the ever-present risk of organ rejection.

The transplant pioneer reiterated the critical need for organ donations. The most sophisticated surgical techniques are of little use without suitable organs to transplant. The organ shortage remains the No. 1 problem facing patients and transplant teams.

A friendly voice answered our call:



Thanks to the pioneering efforts of surgeon Dr. Joel Cooper, thousands with severe emphysema may breathe more easily after lung volume reduction surgery.

JC: Joel Cooper.
PP: How are you, doctor?
JC: I'm fine. It brought back memories, hearing *The Saturday Evening Post* was calling. There are some interesting stories about the early articles the *Post* did on our early lung transplant experiences. One of the most telling ones was about a gal in Alabama, Patsy Ruff.

PP: We featured her again in last month's issue.

JC: Then you know the whole story. How she came home from the doctor's office on the day she was told she had irreversible, progressive emphysema and didn't have long to live. She went over to her neighbors and saw a copy of the *SatEvePost* on the table. That started a chain of events which led to her successful transplant.

PP: That was a wonderful story. She's still doing well, isn't she?

JC: Yes. She's wonderful. She's coming up on seven years, I believe.

PP: Something in Patsy Ruff's story hit a personal note with me. My mother has emphysema, and Patsy mentioned a new procedure for patients with emphysema.

JC: The volume reduction surgery. It's swept the country since I first reported it a couple of months ago.

PP: Could you tell us more about the surgery?

JC: It's sort of a crazy notion. About 40 to 45 years ago, a surgeon by the name of Otto Brantigan said that one of the things wrong with people crippled with emphysema is that their lungs have expanded to such an extent that their chest is very large. They can no longer breathe: there's no more breathing room. If you just take out some of the lung, you would allow the chest to drop back down to a more normal shape and improve the

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mechanics of breathing.

PP: Was Brantigan's idea criticized at the time?

JC: That was a very crazy notion, as pointed out in editorials at the time. One fellow's still around and is highly respected; he said, "You know, I find it difficult to believe and accept the notion that in emphysema, a disease characterized by diffuse damage to the lung, one can improve the situation by taking out more lung; it does not inherently make sense." It was brought to my attention about six years ago by a surgeon in Montreal. I did nothing with it, but was intrigued. What Brantigan did was a chest operation on one side. He tucked in the lung, clipping off parts of the lung. Brantigan also did lung denervation, stripping of the nerves in the lung, which today we think has no role whatsoever. Some of the notions then were a little bit different from ours.

PP: Did the patients improve?

JC: He had about a 15 percent mortality rate: one in six patients died. But a number of patients, he said, really were much better. The problem was that he really didn't have any measurements to prove it. There's been a whole history of operations designed for those who have asthma or emphysema to breathe or feel better. Most of them have either been quackery or well intentioned, but ultimately proved to be of no value. His procedure was considered as such. Just because a patient says he feels better isn't sufficient scientifically to say that he really is better physiologically, as opposed to a psychological effect. At any rate, Brantigan died and his notions died with him.

PP: So what prompted you to revive this idea?

JC: One of the things that prompted us to think that maybe there was something to this is that when we started doing transplants, such as Patsy Ruff and others who had emphysema, we didn't know what size lungs to put in the chest. The chests were huge. Lungs don't come that big. What we found was that we'd put new lungs in, get rid of the huge distended lungs, and in the recovery room, the x-ray would show that the shape of the chest was much more normal already. One thing we learned from lung transplant of emphysema patients is that the distended chest has the capability of springing back. Get rid of the stuffing that's in it, and it can come back to a more normal shape immediately. Suddenly, Brantigan's notion makes a little more sense. So about a year and one half ago, I started doing some of these, initially in patients who were crippled but too old for transplants, so they had no other choice and were willing to take some risks. After it seemed to work in these patients, I did some patients who were disabled but weren't so severe as to be in the range where they could be offered a transplant.

"In the future, the surgery may be the treatment of choice for patients with severe, debilitating emphysema."

PP: Are these the primary candidates for the volume reduction surgery?

JC: Transplants are offered when you've got less than two years to live. So these people had no other choice but weren't quite as bad as the people being transplanted. After success with those patients, we then took people who had been waiting for transplants and offered them this as an alternative. The operation that I do uses actually the same incision as Patsy had, a midline chest incision called a sternotomy. You divide the breastbone, just like for open-heart surgery. It gives access to both lungs. Brantigan only did one side. Times have changed, anesthesia's changed, techniques have changed, so he was really ahead of his time. So I open the chest, going to both sides because I feel that I want to get maximum benefit from the risks of the procedure, get both lungs downsized—which allows the whole chest to come down to a more normal size.

The other thing you need to know, and which makes this even more plausible, is that the distribution of damage to the lung—not in all patients with emphysema but in many patients with emphysema—is what I call heterogeneous; that is to say that although all of the lung is affected to one degree or another, there are areas that are far worse than others.

PP: Why is this important?

JC: If we can identify those areas and remove those areas that are, frankly, just taking up space and not contributing much to function, we can allow the remaining part or the better part of the lung to function better. While waiting for donor lungs to come back for patients undergoing transplants, I had the opportunity to observe and examine lungs that I was taking out of emphysema patients, which again showed that, yes, maybe there's something to Brantigan's notion. There are some areas that just ballooned out and other areas that really aren't that bad. We downsize the lung, taking about 20 or 30 percent of the damaged area of each lung.

PP: How many patients have received this new procedure?

JC: We've done about 30 cases to date; the longest follow-up is about a year and one half.

PP: After the procedure, are patients free of emphysema?

JC: Remember that after this, you still have emphysema. It's not a cure, and it's not a substitute for medication. Because your lungs have been damaged, they may stretch out again over time. How long this beneficial effect will be there, we don't know. We have reason to think that it will be a number of years, but we don't know. We've been following patients for only 18 months so far. And I should emphasize that these patients have what we call diffuse emphysema. There's another uncommon form of emphysema called bullous emphysema. Bullae are large air cysts in the lungs of these patients. They're really like thin-walled balloons. We've always recognized that if we take the bullae out, the patients get much better. But we've only done it when we could identify in advance normal underlying compressed lung. Again, that was just for a small number of patients. This operation is not just for that condition: this is for people whose lungs are diffusely involved, stretched out. In this operation, the concept isn't to allow underlying lung to expand because it was compressed by a cyst, but to reduce the size of the chest to allow it to return to a more mechanically favorable shape or size.

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PP: Is the procedure risky?

JC: I tell patients that you've got to believe that this is risky. I can't take a person who still smokes. They have to stop first. We exercise them like we do the transplant patients. We plug them into the transplant type of program (i.e., very careful assessment, preoperative preparation with exercise), and the same team of nurses, anesthetists, physiotherapists, surgeons who are on our transplant team, also run this program. We have the experience of looking after more than 200 patients with severe lung disease who have had transplants. Now we've basically taken those resources and extended it to this group of people. That's what we come back to, because it's extremely important.

PP: And the results so far?

JC: So far, we've been fortunate and no one has died. No one is worse. Virtually all patients are much better. I only have really careful follow-up on the first 23, because some of the others are not out the three to six months. The real benefit begins about a month after surgery: it's not immediate because you've put them through an operation, and you've got to get over that. But in about a month, there's no question about improvement.

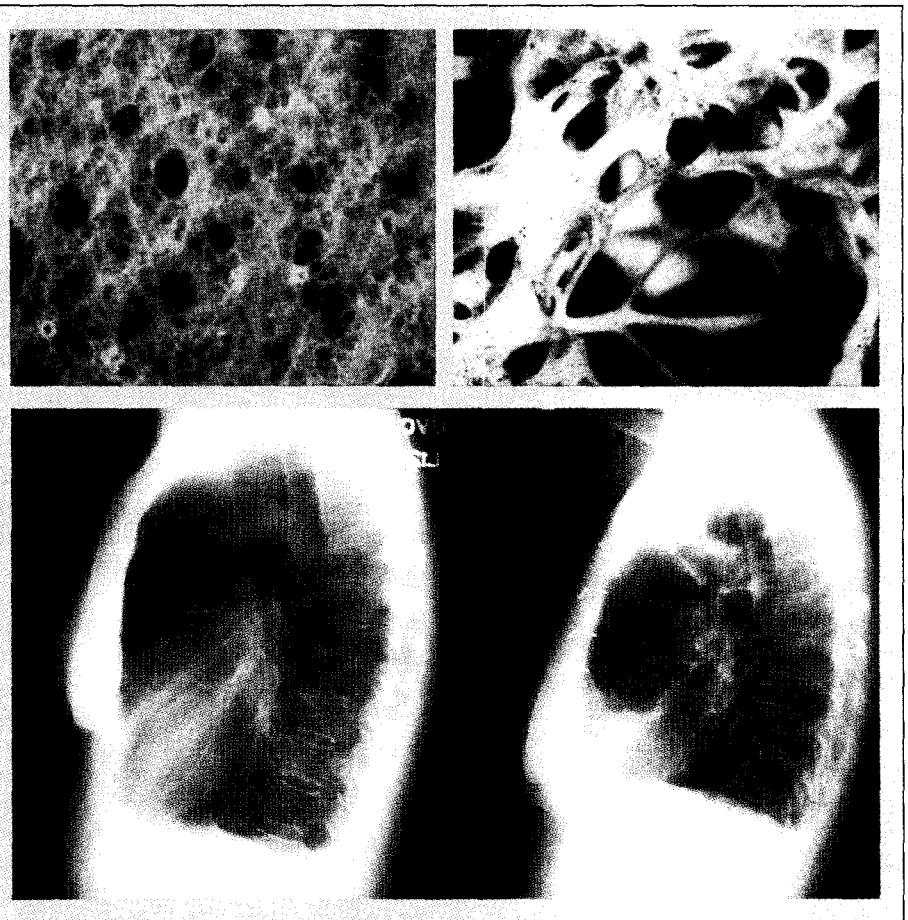
PP: Is there a measurable improvement in lung function?

JC: So far, we have an average improvement of 82 percent in patients' breathing capacity. When you are as disabled as these people are, even a 50 percent improvement translates into a remarkably different quality of life. Lung transplant patients can literally play tennis, ski, etc., depending on their age—they really don't have much exercise limitation. Not so with this operation. This operation was designed to relieve the crippling effects that emphysema in its end stages can have on people. What they can do now is shower, for example—which they couldn't do before—get dressed in five minutes instead of 30. They can go watch their grandkids play ball. They can eat a full meal and carry on routine activities without this pervasive sense of struggling for breath. That doesn't mean that they can go out and run. This operation is designed to improve the quality of life. The transplant operation is designed to save lives and, incidentally, to improve the quality. But because of its risks, we don't do transplants, in general, just to improve the quality unless we feel that life expectancy is also threatened.

PP: There must be different factors as far as age in these two operations.

JC: You're correct. I guess 76 is the oldest patient we've done. Many patients we're considering are in their 70s, whereas the oldest transplant we've done is 63. We say 65 but, the truth is, anyone over 60 is not likely to be acccepted (with a few exceptions). This operation really has three applications in comparison with transplantation: those who are medically unfit or too old for transplant, even though they have the same degree of disability; those whose age and medical condition would qualify them for transplant but whose degree of disability is not yet to the point where it is life-threatening but still interferes with the quality of life (for example, a 50-year-old who's disabled but not to the point where he or she can be offered a transplant); and the last group are, in fact, those who are acceptable for lung transplantation. There are some patients who otherwise would be transplanted for whom this now looks like an option, recognizing that in some of them, the disease may subsequently progress to such a degree that they may once again become candidates for transplant. This operation, as best as we can tell, shouldn't interfere with the subsequent chances for success, should they once again be transplant candidates. In colloquial terms, that's called a bridge to transplant; something to buy you some time and delay the need. So for some patients, it'll be the only alternative: those who are too old or have other medical complications or are not quite disabled enough, and for others it'll be an alternative to transplantation or possibly a bridge.

PP: Are you the only one performing this operation now?



The delicate tissue of the lung (top left) appears similar to a lacelike structure. In emphysema (top right), the damaged lung expands with enlarged air-filled pockets, filling the chest cavity (lower left), thereby flattening the diaphragm, a muscle vital to the mechanics of breathing. In volume reduction surgery, 20 to 30 percent of the patient's lung (lower right) is removed, dramatically improving lung function. After reducing the size of the lungs, the diaphragm can once again contract normally, pushing upwards on the lungs to facilitate breathing.

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JC: We were the only ones doing it until I reported it.

PP: How do you determine eligibility for the volume reduction surgery?

JC: First of all, we put candidates through an extensive assessment. We make them rehab six weeks. The surgery is deceptively simple. That's frightening because, if you see it as a surgical procedure and not as a logistical, all-encompassing, multidisciplinary approach and do not have the expertise in taking care of these people, there will be problems. In fact, I've now heard reports of a number of deaths. So I have very mixed feelings about that. People with emphysema are very desperate. You'd be surprised how many of these patients had planned or contemplated suicide.

PP: What has been the response to your announcement of the surgery?

JC: I've had over 2,000 calls. We're processing them as fast as we can. Basically, we are refining indications, but this surgery is for people who really are crippled by their disease: oxygen dependency, a pattern of breathing where you can't speak in sentences, significant limitations so that even routine enjoyments of life, such as going out to dinner or getting around taking a shower, are interfered with. So, number one, a person should have a significant disability, such that he is willing to take the risk.

PP: Is the surgery life-threatening?

JC: I tell people to be willing to accept a 10 percent risk of dying on the table or as a postoperative complication. It hasn't been our experience to date, but I impress upon them that when you operate upon an older group of smoking individuals, you're going to have heart attacks, strokes, and all the usual things that may lead to an occasional postoperative death, plus all the pulmonary complications that could ensue. The fact that we've avoided this is a tribute to our team: our anesthetists, our nurses, etc.

PP: What other criteria do you look for in candidates?

JC: Number one, they have to be limited. They don't have to be on oxygen, but many are. Number two, they send me their chest x-ray, a set of breathing tests called pulmonary function tests, and a brief medical history. I review these records. I look at the chest x-ray to see if the lungs are really quite distended, which is an absolute requirement. If it's not, they may still be on oxygen, they still may be disabled, but this operation is not designed for them. Sometimes, I can eliminate them just by the medical history, the lung function studies, and the chest x-rays. If we accept them for further evaluation, then at that stage, we ask them to get a CT scan. The ideal patient has not only a distended chest, but has what I call heterogeneity, a pattern commonplace in damaged lungs that are very badly destroyed and hyperdistended. You have the opportunity of removing worthless lung to reduce the overall size of the chest.

PP: It sounds fascinating.

JC: My phone doesn't stop ringing. Surgeons all around the country and pulmonary physicians are going crazy with this thing. You know, I had mixed feelings about even reporting it this early—and wouldn't have if I wasn't satisfied that there was something in it. I had to develop a few things. When you remove a part of the lung, it's generally done with a stapling device that puts in staples and cuts off beyond there. It puts in a linear row of staggered staples and trims off the lung beyond the staples that hold the lung together, but these lungs are like wet blotting paper. They leak air tremendously out of any little puncture wound. The original patients were in the hospital for as long as six weeks with their air leakage. I designed a technique where I use little strips of thin, leathery materials. It's actually a material that has been used in open-heart surgery. It's bovine pericardium, which is the leathery sac in cows that holds the heart. They take this leathery sac, treat it, and tan it. We cut it into strips, and we put a little strip on either side of the lung, which we're going to then excise and staple. It's like a seamstress, they tell me. When you have a very sheer piece of material and you want to put a seam in it, the thread's liable to rip through. You put a little bias or basting—I think it's called bias tape. A little piece of cloth material on either side inside the seam, then buttress it so that the thread can't pull through. We do that in the lung. I developed this technique where you use strips of bovine pericardium to reinforce the line of connection. That has eliminated the leakage of air and, as a result, has greatly reduced hospital stays and greatly reduced the complications.

PP: What is the average stay for this operation?

JC: Less than two weeks. It was originally six weeks. It's now anywhere from 9 to 12 days. There are still individuals who'll be in the hospital longer. Some people go home sooner.

PP: Can I bring the procedure down to a hypothetical example? My mother is 70 and on oxygen 24 hours. Would this operation work for her, and what would she do?

JC: When she talks, does she have to clip her sentences?

PP: Not always, at least not yet.

JC: What can't she do that she'd like to do?

PP: Walk down a hill, walk up a hill, play with her grandkids, and clean her house. She really can't run the sweeper in her house, because it wears her out.

JC: Shopping?

PP: She does her own shopping most of the time.

JC: With a shopping cart?

PP: Sure. And oxygen.

JC: I know a lot of people who lean on the shopping cart and put the oxygen in the cart.

PP: She needs her oxygen.

JC: What I would do with someone like your mother is: First, I would ask her if she is unhappy with her life to the point that she'd be willing to take some risks to go back to where she was physically, let's say, five or ten years ago. Then I look at her chest x-ray and lung function studies to decide if she is eligible for the surgery. It looks like about one in three are probably going to be suitable. The surgery is not for everybody. So I would look at your mother's chest x-ray to see if her chest really is terribly distended. My sense is that emphysema in its limiting stages, where it's preventing you from walking and running, is due to the diffuse damage to the lungs. When it gets to the point where you're oxygen dependent and can't do hardly anything, that's when I think the mechanical factors begin to play a major role, and that's the part that we are affecting.

In the future, the surgery may be the treatment of choice for patients with severe, debilitating emphysema who have not responded to medical therapy.

PP: Thank you for speaking with us. We'll help get the word out on this procedure as well. We can easily see where this procedure has the potential to help thousands of people.

JC: I hope so.

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MUM'S THE WORD

Though he still hears and sees as well as ever, this man—of advanced years, let's say—tries to cope with today's mumblers and printers scrimping on ink.

by Maynard Good Stoddard

Illustrated by Don Trawin

The other evening, while listening to my favorite music ("Opus to a Field Mouse" by Rinseyourcorsetoff), my dear wife emerged from the kitchen with her lips moving.

Turning off the opus, I walked over and asked if she had said something. It turned out she had announced a surprise dinner ready on the table. The surprise, as far as I could tell, lay in the fact that she had prepared a meal without the smoke alarm going off. But perhaps I had been concentrating more on the problem we were having with communications.

I am not suggesting that the Creator made a mistake in creating the human body, so please don't quote me. I'm just saying that it would be nice if earflaps on the human body would continue to grow as we advance in years. Not until they hang down on our shoulders, or anything like that, but enough so that we could continue to hear people who don't speak up.

You may also have noticed how more people are muttering, instead of enunciating clearly. I don't have to leave our house to notice this.

My dear wife contends that I am the cause of her having to reply to my witticisms with a "What?" "Hmm?" "Come again?" or—should we be infested with company at the time—"I'm sorry, honcho honey, but I didn't catch that."

Getting her to do something about her hearing problem is like getting my new dog to climb the flagpole. (He's not the quick study Brutus was. Brutus could climb that flagpole before he could talk, as I remember.) Dear wife argues that her hearing is OK; it's my speaking in lowercase that is causing the trouble.

I tell her that if my words are not understandable, it's not a matter of volume; it's because the only way I can get them in is edgewise. This usually ends our communicating for the day. No loss without a little gain, as the saying goes.

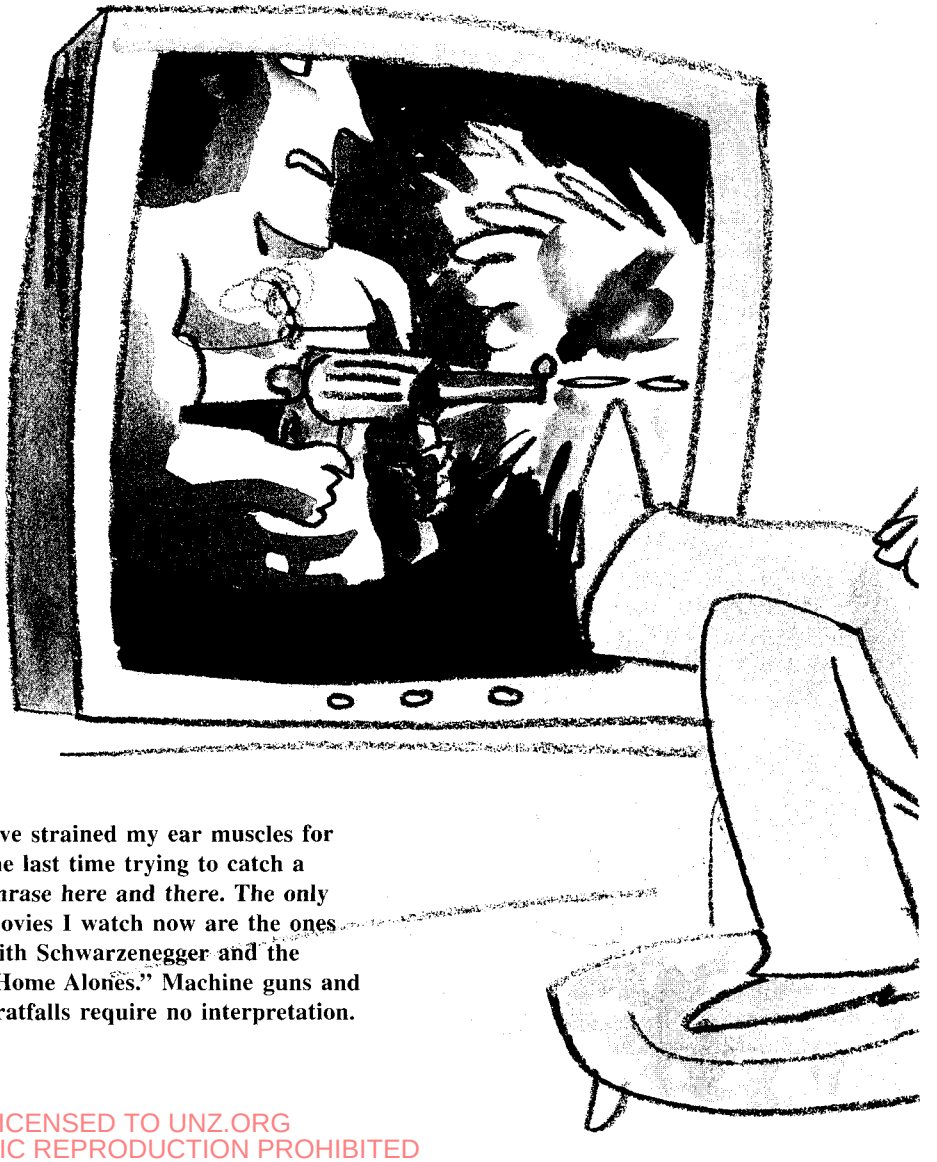
The strange thing is, although five years her elder, I can hear as well as I ever did—that is, except when she goes into her mumbling mode. And if I ask her what it was she mumbled, I often regret that I didn't bite my tongue instead.

Only last night, by holding both earflaps straight out and watching her lips, did I finally interpret her mumbling to be, "Rather than having me make a clown suit for that costume party, why don't you just stick a couple of straws up your nose and go as a walrus?"

She thought she'd made a joke. But like most veteran wives, she doesn't realize that married men have feelings, just like the more fortunate.

It's not only my dear wife. Talking in undertones seems to be "going around" like the flu bug. Movie actors, TV sitcom-ers, friends, former friends—all have caught it. But if the screen and the tube people think lower voices are more dramatic, I have news for them. I've strained my ear muscles for the last time trying to catch a phrase here and there. The only movies I watch now are the ones with Schwarzenegger and the "Home Alones." Machine guns and pratfalls require no interpretation.

Talk shows evidently present the same problem—not that I am a fan. However, the other day, while trying to flip the remote to an exercise program on PBS, I happened across one



I've strained my ear muscles for the last time trying to catch a phrase here and there. The only movies I watch now are the ones with Schwarzenegger and the "Home Alones." Machine guns and pratfalls require no interpretation.

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of those shows, the theme of which (as nearly as I could tell) had to do with how these female guests had forfeited their maidenhoods.

In my haste to switch channels, I inadvertently hit the volume button. And even with the windows rattling, it was all I could do to make out that this one girl had kissed her maidenhood good-bye on the Ferris wheel at Six Flags.

I'll tell you the truth (strange as that may sound), if it were not for nature shows and "The Nightly Business Report," I would sell our three TV sets and buy a hearing aid for my dear wife. Getting her to use it would be another matter, of course. (I married a proud woman—but a real lady, I hasten to add. She always goes to the curb to spit.)

Since this voice fallout fad began, I have been turning from the wasteland of television to literature's rich loam. But what is happening here shouldn't be happening to—well, to me, that's who (or *whom*, for you prudish).

I'm referring to the way our industrial giants are now competing to see which giant can wring the most lard out of its operation. I'm especially referring to the publishers of books, magazines, newspapers, lawn mower manuals, medicine bottle labels, cereal box ingredients, and other printed matters.

Printers used to ink their rollers from gallon jugs, but since this economy kick, they must be applying the ink from shot glasses. The way I look at it (which is dimly), these printing giants could find ways of staying out of the red other than by taking the black out of their printing. It has gotten so bad that sometimes I am required to use a magnifying glass on the papers and newsmagazines to see who did what to whom.

Another giant that has been shrunk to midget size involves our telephone company. I realize that competition is tough, but surely there must be a more humane way of saving bucks than by reducing the circumference of phone lines to the point that a call from a neighbor sounds as though it's coming from across the Atlantic on a frayed cable.

I refer you to a call made only last week. Timed, as usual, to get me up from the dinner table (for which I should have been thankful, I suppose, as we were having recycled succotash), the caller turned out to be a friendly fellow, knew me by my first name, and wanted to know how I was feeling. He even asked—if I understood him right—if we owned our own home. What this had to do with my "writing," I couldn't figure out. However, thinking that he surely must be complimenting me, I kept answering, "I appreciate it," "Thank you very much," "You're very kind," things like that.

The next day, a truck came up the drive groaning under a load of aluminum siding. Not until I had proved to the driver and his two helpers that, thanks to the termites, the framework of our house could no longer support aluminum siding did they let me off the hook.

I've suffered even greater embarrassments from the muffled mouthings of my friends—former friends, to be precise. Instead of asking these undertoners to repeat, I began answering, "I agree," "You can say that again," "You're absolutely right," and "Right on." But no more—not since I replied to one good buddy, "I know that for a fact." What my once good buddy had confided to me was, "I think my wife is cheating on me."

That was the "coop de grass," as Jimmy Durante once mangled the phrase. No more trying to cover up for these people with the soft palates. Until this fad runs its course, I'll be cupping my ear and asking them right out, "What?" "Hmm?" "How's that?" or "Come again?" This will at least let them know that what they are trying to communicate is not going in one ear, much less coming out the other.

To spare my dear wife the hassle of cupping and "hmming," I have begun speaking a couple of decibels above my normal dulcet voice, to which she has begun to respond, "YOU DON'T HAVE TO SHOUT!" I may begin writing notes and leaving them on the refrigerator. Other suggestions would be appreciated.

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NORMAN ROCKWELL'S DOUBLE LIFE

From pork and beans to headstones and everything in between, America's favorite magazine cover illustrator lent his artist's touch to many of our most popular products.

by Maynard Good Stoddard

Few would argue that Norman Rockwell's art is as American as apple pie, Thanksgiving, the Four Freedoms—and advertising. Advertising? Yes, though we tend to associate Rockwell art with magazine covers—his 324 *Saturday Evening Post* covers in particular—it was the artist's practice to charge twice as much for an advertising picture as for a magazine cover or story illustration. Even the most prestigious publications could not compete with the sums big business was willing to pay good illustrators.

Norman Rockwell's entrance into the world of advertising art began in 1914 with an illustration for Heinz Pork & Beans. From then on, his patient easel supported paintings that would help call the world's attention to everything from Crest Toothpaste to Interwoven Socks. From the Ford Motor Company to Arrow Collars. From Sun-Maid to the Massachusetts Mutual Life Insurance Company. We'll be getting letters if we fail to mention other diverse products highlighted by Rockwell's busy brush, products such as Orange Crush, Amway, Jell-O, Overland automobiles, Fisk bicycle tires, and Ticonderoga pencils by Dixon.

In the early 1920s, General Electric hired Rockwell to illustrate its Edison Mazda Lamps. His series of paintings depicting family scenes illuminated by the soft glow of electric bulbs became classics, brightening the pages of *The Saturday Evening Post*, *Ladies' Home Journal*, and *Good Housekeeping*.

Around that time, Fleischmann's Yeast commissioned an ad depicting the importance of bread (made, of course, with yeast). In *Bread and Ambition*, Rockwell portrayed kids on Halloween, one dressed up like Napoleon Bonaparte heroically holding up a slice of bread ("the most ancient, honorable, universal, and wholesome of all foods," to quote Bonaparte himself). With Rockwell's wonderful painting, you were convinced. The name of the product appeared only in small print on the corner. As was true in much of Rockwell's advertising work, the product was downplayed or did not appear at all; a slogan did the promoting.

In 1922, Rockwell produced five advertising illustrations for Sun-Maid Raisins. In them, he displayed his masterful use of light and dark, which was not appropriate for magazine covers. *Market Day Special* showed three generations gathered around a table as the family's pet dog begged for raisins from Grandma. *Fruit of the Vine* centered upon a mature woman dressed in "modern" flapper garb and her mother in old-fashioned dress

Thanks to peace and a strong dollar, Americans in the 1950s were taking to the air. Rockwell portrayed the fun of world travel in his series of ads for Pan American Airlines.

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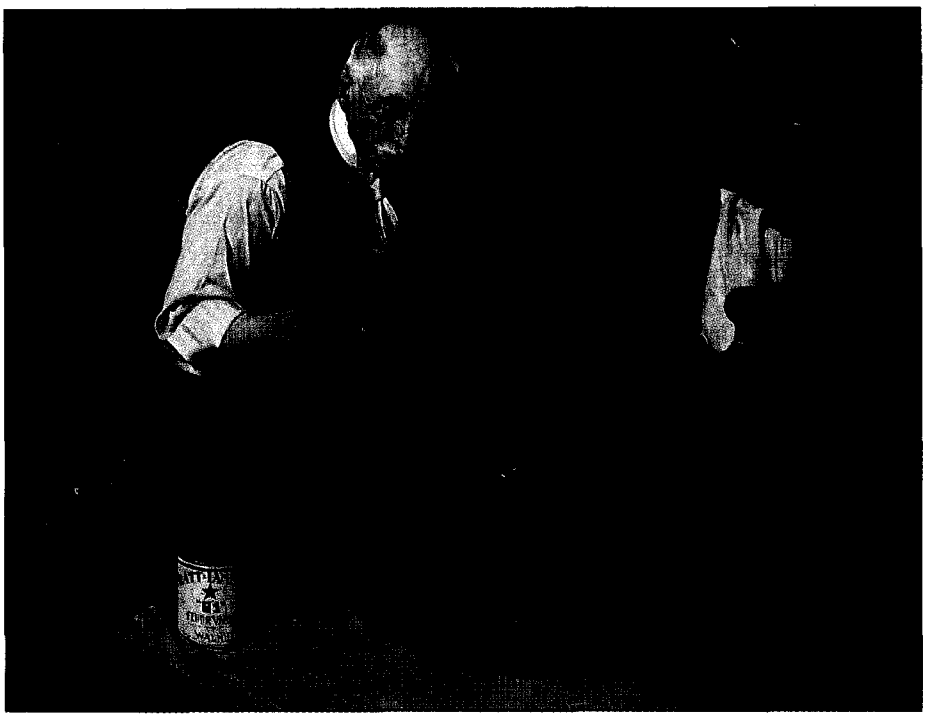

The company of Pratt & Lambert goes back to 1849, when Alfred W. Pratt began manufacturing Pratt's Patent Liquid Dryer. It would replace a powdered dryer that had caused paint to dry with a gritty film. Treasurer Henry S. Lambert added his name to the firm in 1874; by this time, the company's principal products had swelled to architectural varnishes, carriage varnishes, and industrial finishes. A product called "61 Floor Varnish" became available in 1894. By 1910, much of the growth stemmed from the sale of "airplane dope," a substance used to make the cloth of an airplane's frame taut, making flight posssible. It wasn't long before Pratt & Lambert commissioned Norman Rockwell to illustrate a number of advertisements to appear in *The Saturday Evening Post, House Beautiful, American, Good Housekeeping,* and *Maclean's*.

bathed in light from an open window. As the mother prepared dough, the daughter poured juicy raisins into a gloved hand. The message was as clear as the Vermeer-like painting: quality, be it raisins or art, never fails to inspire.

Pork and beans, cornflakes, coffee, airlines, sweet corn, lacquer, toothpaste, socks, automobiles, collars, raisins, life insurance, soda, bicycle tires, pencils. Enough already? No, not even brake linings could bring to a stop the flow of paint upon Rockwell's busy easel.

In 1922, the Raybestos Company commissioned Norman Rockwell to do several paintings to advertise its brakes and brake linings. Made with asbestos, the linings were believed to be the safest available.

To inform the American public of the need for driving safely, Rockwell created six advertisements that appeared in *The Saturday Evening Post* warning people of the need for good brakes when driving on hills, in bad weather, and in heavy traffic.

As Rockwell's fame grew, so did his advertising appeal—to the point where he could even paint himself into an ad when duty or whim demanded. In 1947, 20 years after it began flying the 90 miles from Key West to Ha-

vana, Pan American Airlines became the first airline to operate a scheduled round-the-world service. Who better to acquaint the public with Pan Am's routes and services than America's top illustrator? And who better to become the model for this series of advertisements than the artist himself?

The ad slogans would thus have the artist saying, "Pan American was my magic carpet around the world." Accompanying the artist sketching in far corners of the globe were a bearded native peering over his shoulder in a Turkish bazaar and a bevy of lovely, grass-skirted "diversions" on the beach at Waikiki.

With big business paying big sums for his talent, the question arises: How did magazines such as the *Post, Country Gentleman*, *Life*, *Liberty*, *Boys' Life*, *Collier's*, and *Literary Digest* continue to be highlighted by the Rockwell name on their covers and their story illustrations?

The answer comes easily: Norman Rockwell was good. So good that by the mid-'40s, his income was sufficient to allow him to be somewhat indifferent to the lure of advertising.

During his long career, Rockwell worked for more than 150 companies and produced more than 800 advertisements, calendars, illustrations, logos, and mastheads. Ironically, among his last published ads was a series for Rock of Ages Corporation, a manufacturer of headstones. Rockwell died November 8, 1978, but his art lives on.

The following pages feature some of Norman Rockwell's most endearing advertising paintings for products you'll no doubt recognize. They should bring back memories. ▲

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A BREAKFAST TIME CLASSIC

Kellogg's Corn Flakes proved to be among the most cherished of Norman Rockwell's advertising art over the years. In 1953, the company commissioned Rockwell to paint six ad illustrations to dress up Kellogg's Corn Flakes boxes. Thus, for the next three years, children and adults the world over would eat their breakfast looking at a picture of Rockwell's "Kellogg's Kids."

When it came to Kellogg's Corn Flakes, Rockwell came to his easel with the idea of giving these good, wholesome, "friendly" flakes universal appeal.
He would have a man setting down his briefcase to gulp a quick bowl.
He would have the family dog and cat eagerly hoping he won't take time to finish and, if the lady of the house is not looking, will slide the bowl under the table for them to lick clean.
The versatile artist's central theme, however, centered upon his "Kellogg's Kids." If a youngster happily went whole hog for these thin, crisp flakes of corn, how could Mom fail to keep a supply on the cupboard shelf for the entire family?
With maybe a flake or two for the dog and cat, of course.
(Kellogg would do more for kids than supply them with wholesome cereal, as many an American family has gratefully learned. In 1930, W.K. Kellogg established the Kellogg Foundation and invested most of his fortune in promoting health, education, child welfare, and medical science.)

Of course there are a few well-organized souls who get up early enough to breathe deeply at the window, count the birds on the lawn, or make some other leisurely gesture before settling down to their bowl of Kellogg's Corn Flakes. But not this late-rising young brief case toter. And we say, if he dribbles milk on his shirt, it serves him right.
However, one of the nice things about these friendly flakes is that they understand everybody's early morning mood. That's why they've been on the American scene for fifty years running and are still the favorite.
You can take them sitting up, lying down, or on the run, they'll always meet your appetite more than half way. Thin, crisp flakes of good, wholesome corn, made to our still secret recipe, toasted to a golden turn in our radiant ovens.
No matter which side of the bed you get up on tomorrow, Kellogg's Corn Flakes will have something nice to say to you. But just don't let yourself run out of them, that's the main thing. How is it in your cupboard right now? Maybe you'd better take a look.
Kellogg's CORN FLAKES
Norman Rockwell

Kellogg's Corn Flakes® cereal. ©1955 Kellogg Company

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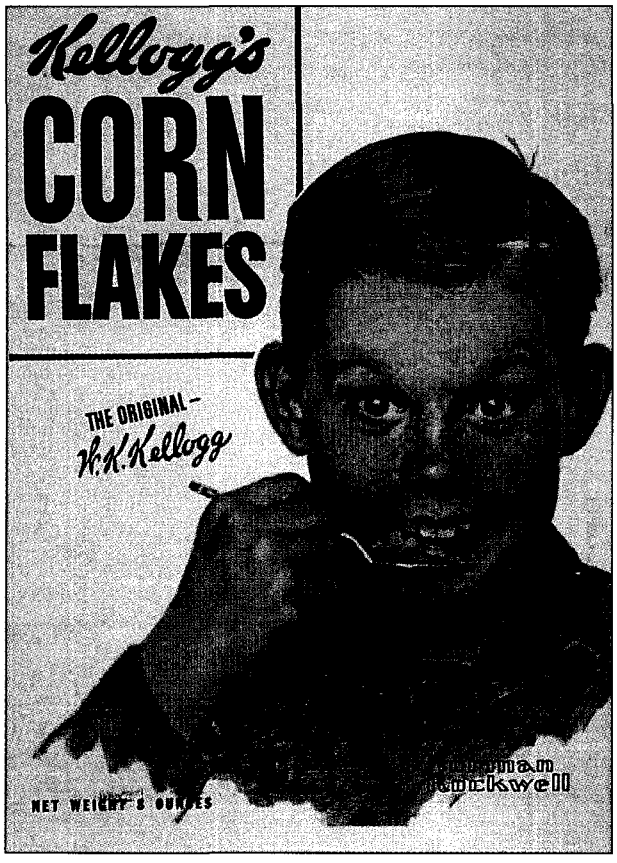
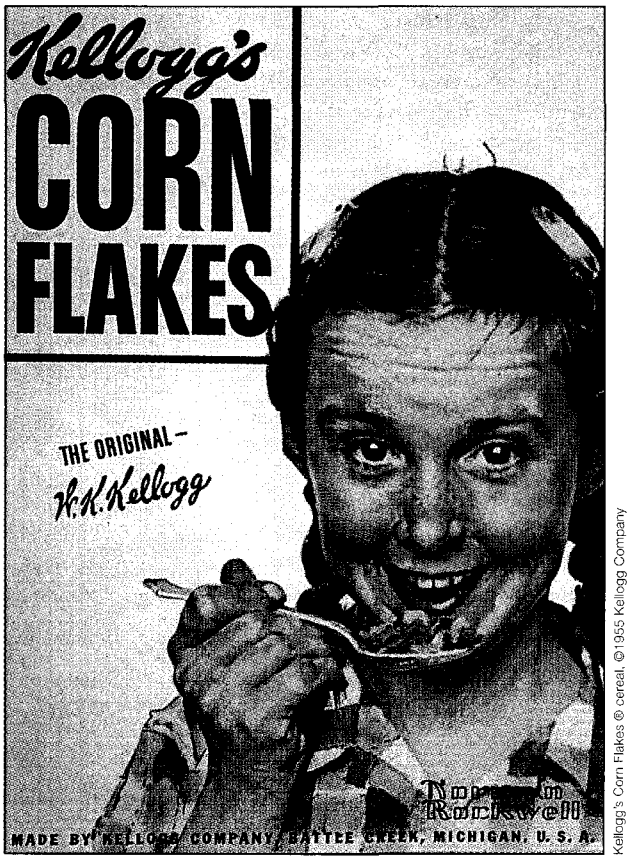
Kellogg's Corn Flakes ® cereal, ©1955 Kellogg Company

Kellogg's Corn Flakes ® cereal, ©1954 Kellogg Company



Kellogg's Corn Flakes ® cereal, ©1954 Kellogg Company



Kellogg's Corn Flakes ® cereal, ©1955 Kellogg Company

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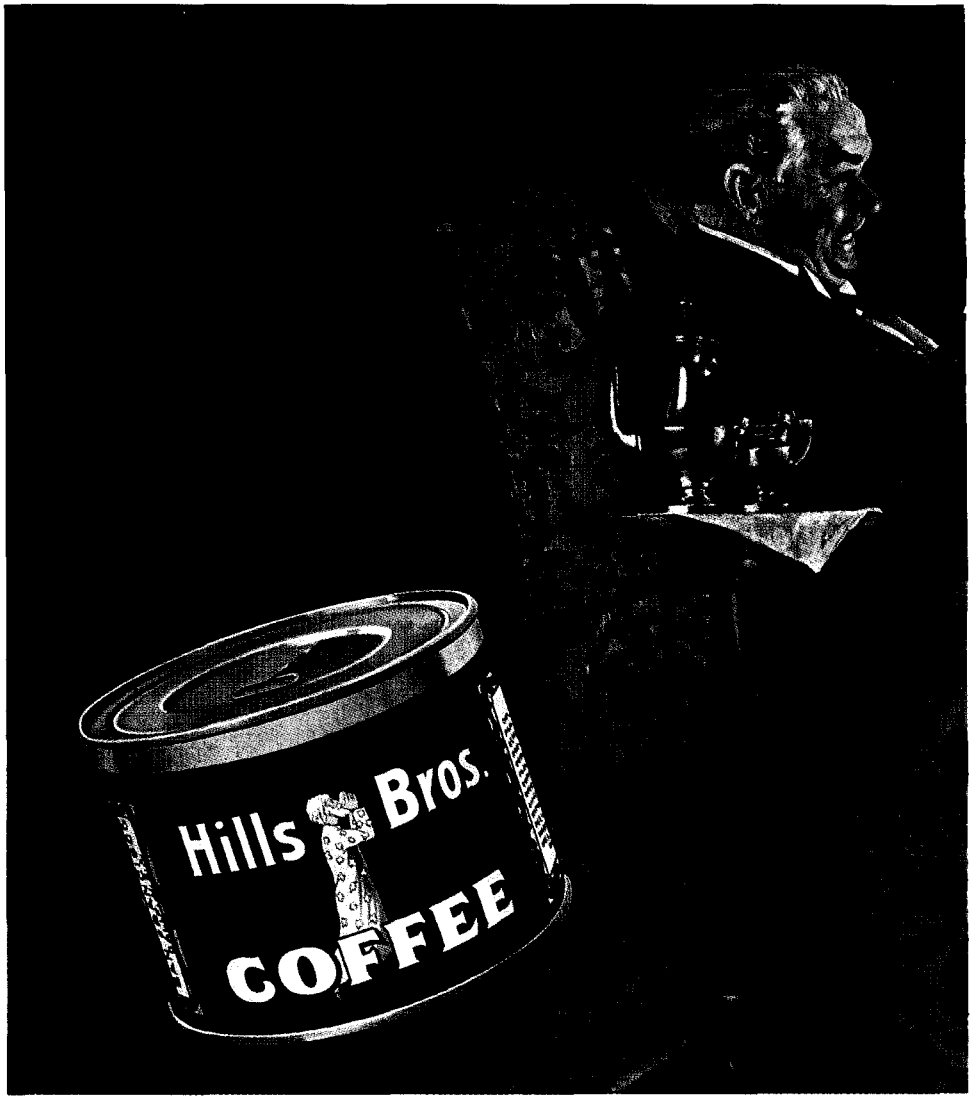
THE PICTURE OF CONTENTMENT

Hills Brothers Coffee became another of Rockwell's favorite clients. In 1929, the artist would lift from his easel this painting, which served to brew interest in households across the land. Dr. Donald Stoltz, coauthor of *The Advertising World of Norman Rockwell*, has declared it to be "the most famous display ever created." Today, Hills Brothers is one of the nation's three largest-selling brands of coffee.

Among its many accomplishments, Hills Bros. holds the distinction of being the originators of vacuum packing for coffee. This revolutionary method of preserving coffee freshness could have been no more authentically presented than by Norman Rockwell's painting of the gentleman of obvious good taste contentedly seated in a comfortable chair, holding a coffee cup and saying, "Yes, sir, that's Hills Bros. Coffee." Soon after this painting, Rockwell suspended his commercial assignments for an extended period. By the time his services were again available, changing patterns in food store distribution brought an end to extensive store display programs. Thus, Hill Bros. never had another Rockwell. But the memory of this one great Norman Rockwell painting has lived to this day.



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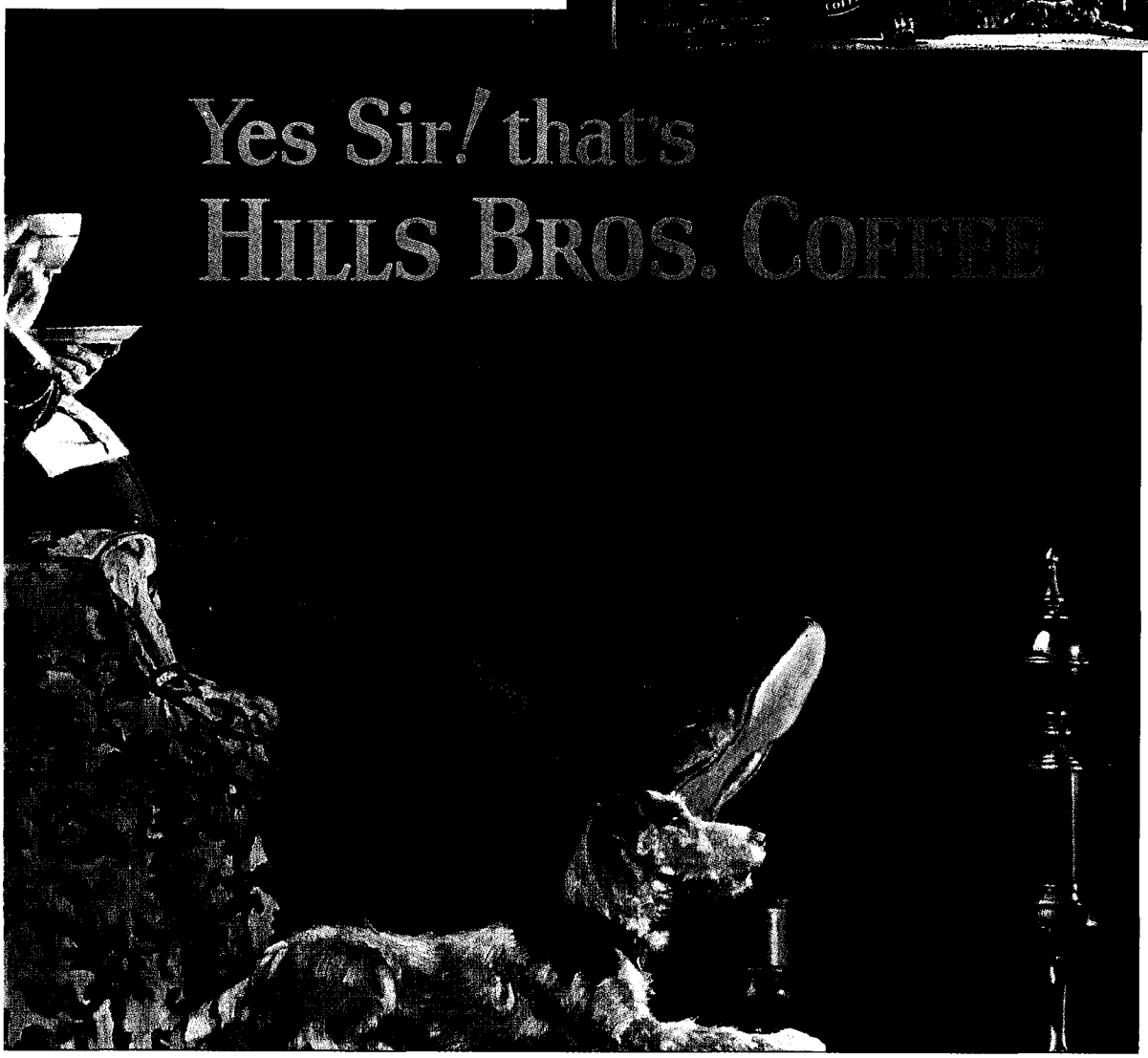
In 1930, Cash Grocery displayed Rockwell's promotional art in an eye-catching window display complete with crepe paper streamers, rosettes, and creative bows to enhance the effect. The popular ad campaign ran for two years, 1930 and 1931.



"Hand tinting by Bennett Hall Images, San Francisco"

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GETTING CORN OFF THE COB

The subject of food is central in a number of Rockwell's best-known works. Though his artistic mood might vary from serious to satiric, from cute to clever, never did it swing to corny. Never? Well, maybe once. Asked to paint peas, the artist refused, saying that in his estimation, peas were not a romantic subject.

Rockwell's sincerity, the honesty with which he portrays his subjects, comes through most vividly in the three paintings he did for Green Giant® between 1938 and 1940.
Not only *Post* readers but also subscribers to a number of the nation's top magazines of that era could enjoy the vicarious satisfaction of a boy pigging out on an ear of hot, buttered corn on the cob. As his sturdy teeth nosh along the rows of this great summer delicacy, eager young eyes are focusing on the pleasant assurance that Grandmother has more waiting where that fast-disappearing ear came from.

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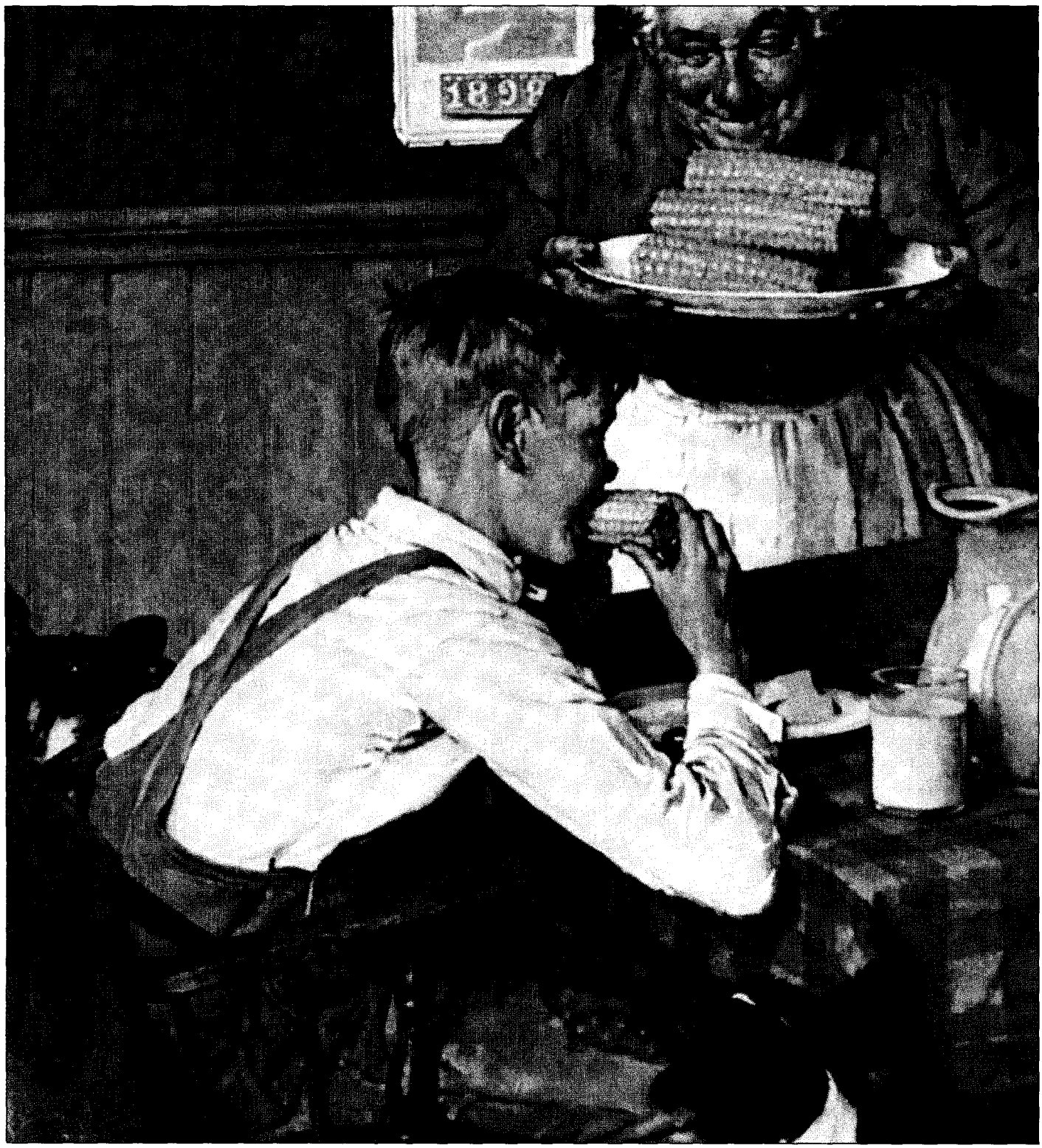

Notice the calendar on the wall says 1898.
Green Giant (now a subsidiary of Pillsbury Company) wasn't founded until 1903; otherwise, the brown-haired boy would probably be savoring tasty Niblets out of a can—and Grandma would be relaxing in her rocking chair.

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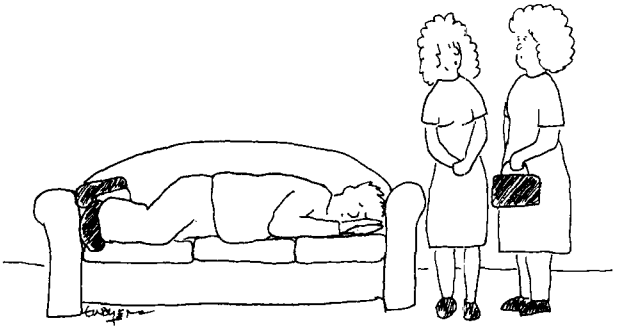
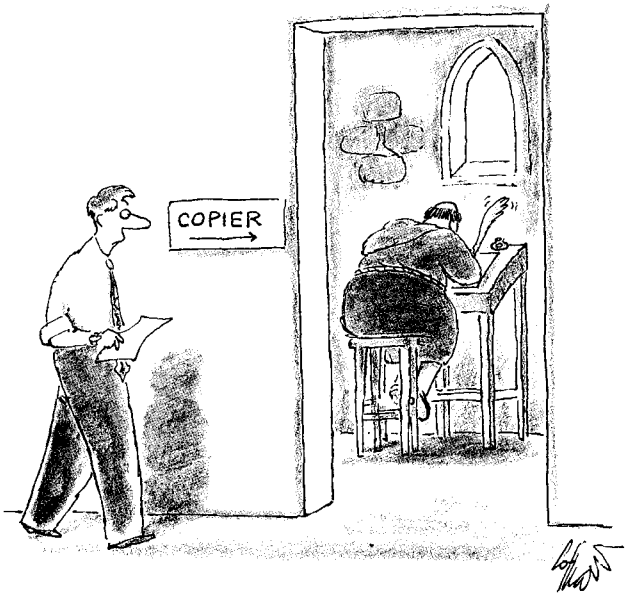
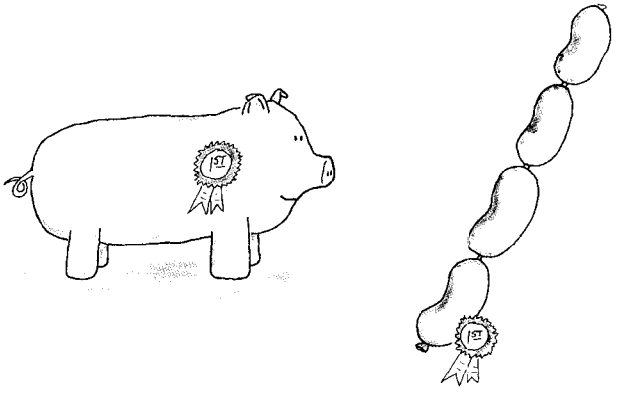
"Basement."

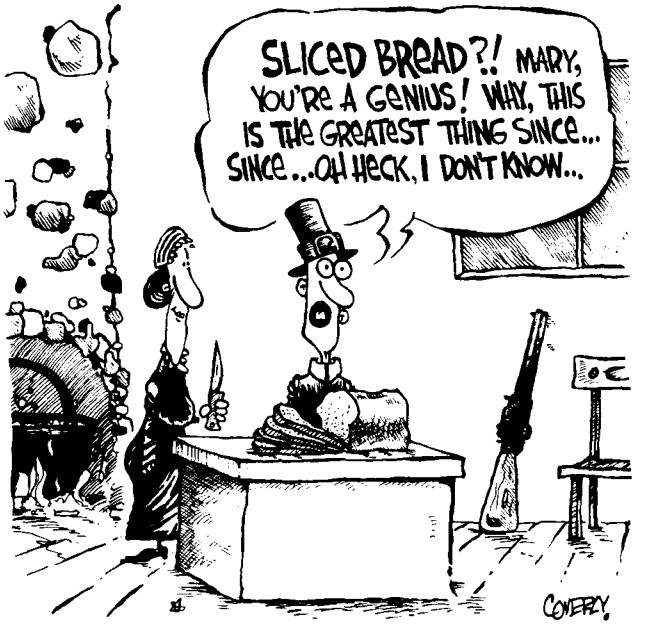
LITERALLY SPEAKING



"Mark is my dream man."







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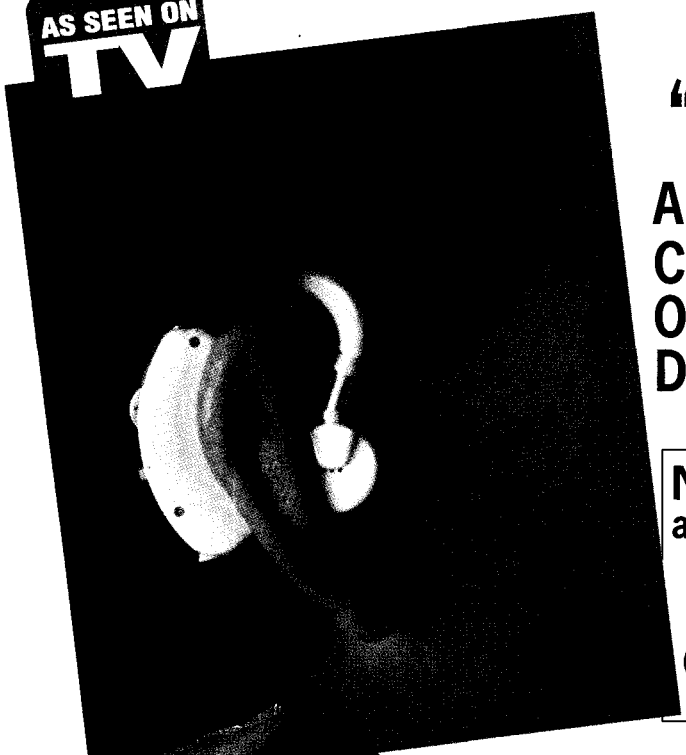
HEAR THE FAINTEST MURMUR... UP TO 101 FEET AWAY!!

AS SEEN ON TV



THE AMAZING NEW "AUDIO FONE 6000"

A Super Hearing Instrument... Can Pick Up a Kitten's Purr Or The Sound of a Pin Drop...From 50 Feet Away

NOT ~~$29.95~~
as sold by others
OUR PRICE
ONLY $19.95

Amplifying instruments such as our "AUDIO FONE 6000" have been selling like wildfire abroad for a lot more money than our low price of only $19.95. In the U.S.A. you may have seen similar instruments advertised at much higher prices than ours...even though our "AUDIO FONE 6000" performs to equal or better perfection.

Small... Efficient... It's out-of view behind the ear

HEAR IT ALL...FAR AND WIDE

This small high-tech engineering device snugly fits behind your ear. It's designed to be undetectable as it hides from view. The **"AUDIO FONE 6000"** actually allows you to hear the slightest sound and could pick up a whisper up to 100 feet away. Its electronic magic works so well you'll hardly believe your ears as you pick up sounds that you thought were impossible to hear before.

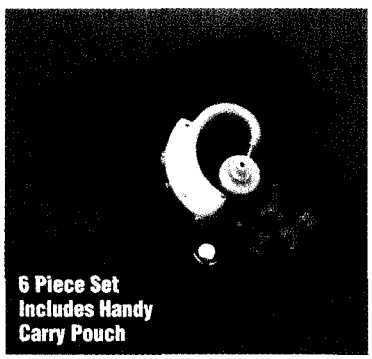
Imagine hearing people talking in the next room or picking up a conversation down the block. It's great for outdoors, too. Pick up birds singing or a rabbit crossing your path. Take it to the movies, theatre, or meeting room. Catch every word that's said. Enjoy the clear crisp sound of TV or radio while on low volume, without annoying anyone else in the room.

EXPERIENCE SUPER HEARING

You'll be picking up scores of different sounds that are not normally audible to the average person. Open up a whole new world of hearing for yourself. The **"AUDIO FONE 6000"** has 6 sound levels. Adjust to your particular hearing tone needed. Easily accessible ON-OFF switch. Comfortably adjusts behind either ear. Comes complete with battery and iron-clad 1 year guarantee.

FAIR WARNING

It is Prohibited by Law to Spy or Listen to the Private Conversations of others without the permission of at least one party.



6 Piece Set Includes Handy Carry Pouch

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Yes. Please rush my **AUDIO FONE 6000**(s) (item AF-85) to try out for 30 days on money-back guarantee.

☐ One **AUDIO FONE 6000** for **$19.95** + $5.00 p&h.

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Enclosed is $_____ (MI residents add sales tax)

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Please make check or M.O. payable to HOLST, Inc.

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STRETCHING FOR FLEXIBILITY

These simple muscle stretches can make exercising safer and easier.

by Kenneth H. Cooper, M.D.

These stretching movements have three main purposes. First, they will help you warm your body up for more demanding activity. Consequently, they should be done before strength-training work. Second, the stretches will enable you to improve the range of motion of different parts of your body so that you will be able to perform strength movements more easily. Third, the more flexible you are and the better warmed up, the less likely you will be to experience injuries during exercising.

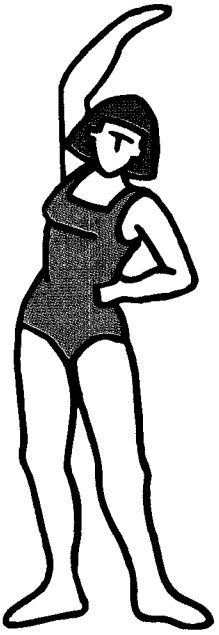
There are two phases to a stretch: active and static. Take the active or moving phase of each stretch to an easy point of tension. Do not try to force your body to go beyond a slight feeling of tension, or you may experience injury. After you reach your easy tension point, start the static part of the stretch this way: Hold your position so that the tension on the muscles you are exercising lasts for ten to thirty seconds. Then slowly release the tension and return to your starting position.

Perform all the stretching exercises slowly and with your body under full control. Never stretch to the point of pain, and do not bounce while your muscles are fully stretched. Bouncing can cause injury.

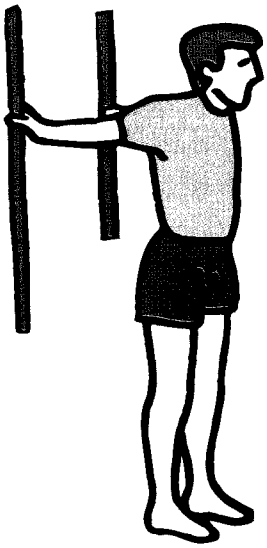
Proper breathing is also important. Inhale before the stretch, and exhale during the active phase of the stretch.

Note: These flexibility movements can be used as part of a warmup for endurance workouts, as well as for strength training.

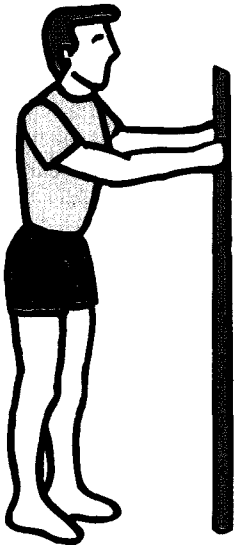
From the book, Dr. Kenneth H. Cooper's Antioxidant Revolution, *by Kenneth H. Cooper, M.D., © 1994 Kenneth H. Cooper and Inkslingers, Inc. Reprinted by permission of Thomas Nelson Publishers.*



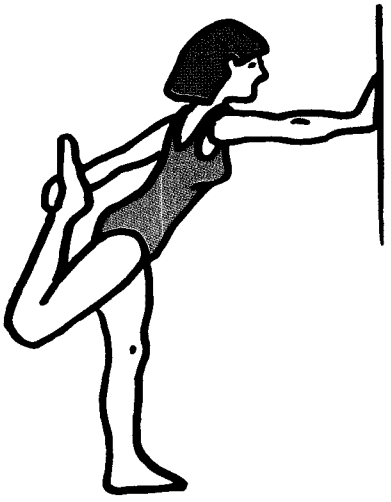
#3: Side Bends
Stand with your feet shoulder-width apart. Extend your right arm overhead, and place your left hand on your left hip. Bend to the left (the side opposite the raised arm). Hold for 10-20 seconds. You should feel tension along your right side. Repeat the movement with the other side of your body.



#1: Chest Stretch
Stand facing a door frame. Place your hands on each side of the doorway at shoulder level, and walk through the door until you begin to feel a slight tension across your chest muscle. Hold for 20 seconds.



#2: Upper Back Stretch
Stand facing one side of a door frame or an upright pole. Place your hands on the frame or pole at about shoulder level. Lean back and hunch your shoulders slightly so that you feel the muscles of your upper back stretch apart. Hold for 20 seconds.



#4: Standing Thigh Stretch
Stand facing a wall, and brace yourself against the wall with your right hand. Raise your right foot up toward your buttocks and grasp it along the instep or ankle with your left hand. Gently pull your right foot up closer to your buttocks so that you begin to feel tension in your right thigh (but not your right knee). Hold for 10-20 seconds. Then, repeat the movement with the other leg.

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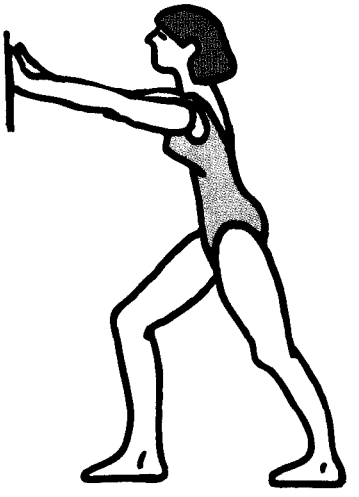
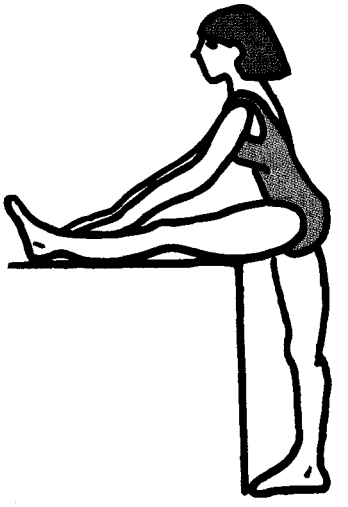
#5: Achilles Tendon and Calf Stretch

Stand facing a wall, with your right foot in advance of your left. Your right heel should be about 12-18 inches in front of your left toe. Lean forward, placing the palms of your hands flat against the wall. Your right knee should be bent, and your left knee almost straight. Slowly move your hips forward until you feel a stretch in the calf of your left leg. Keep both feet and heels flat on the ground. Hold for 15-30 seconds. Then shift the tension to your left Achilles tendon by bending your left knee slightly while keeping your left heel on the ground. Repeat these movements with the other leg.





#7: Hamstring Stretch With One Leg Up (Optional)

Stand facing a platform, railing, or other elevated surface which is about waist-high. Raise your left leg in front of your body, and rest your left heel on the platform. Bend forward at the hips and lean your upper torso toward the raised leg. Hold for 15-30 seconds. Repeat with the right leg. The stretch should be felt in the hamstring of the raised leg and in the lower back.

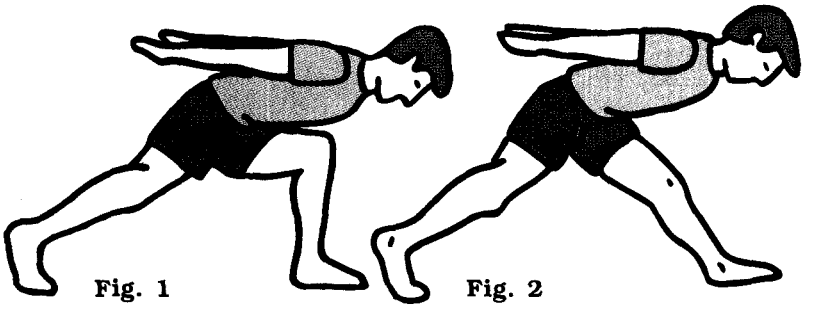


Fig. 1 Fig. 2

#6: Standing Hamstring Stretch

Stand with your feet wide apart in a straddle position with toes pointing forward. Turn your left foot out, and bend the left knee, keeping your body weight over the left leg with your chest parallel to the floor. Keep your right leg straight, and place your hands behind your back (Fig. 1). While holding the chest parallel to the floor, slowly straighten the left knee and hold for 15-30 seconds (Fig. 2). Repeat with right leg. The stretch should be felt in the back of your forward leg, and in the hamstring tendons and muscles (located along the back of your upper leg).

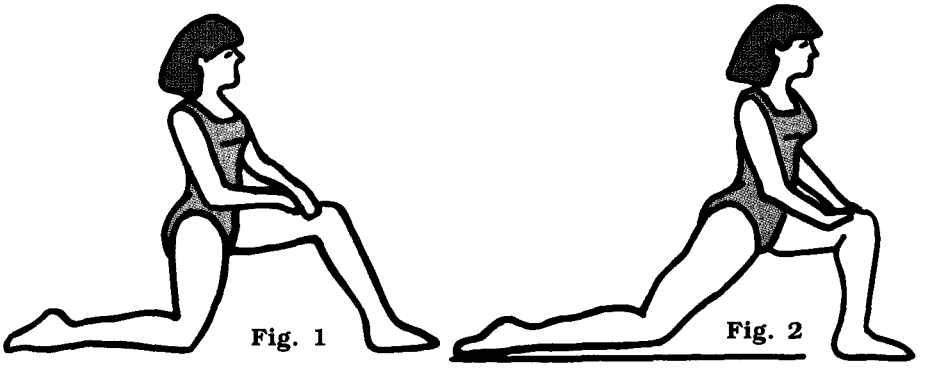


Fig. 1 Fig. 2

#8: Hip Flexor Stretch

Place your right knee on the floor behind your left foot (Fig. 1). Move your left foot forward, with your foot flat on the ground and your left toe pointed forward, so that the heel of your left foot is slightly in advance of your left knee.

Without changing the position of your right knee or left foot, push your hips forward and downward (Fig. 2). You should feel tension in the front part of your right hip and also in your groin and hamstrings (the muscles running down the back of your upper leg). Hold this position for 15-30 seconds. Repeat the motion with the other leg.

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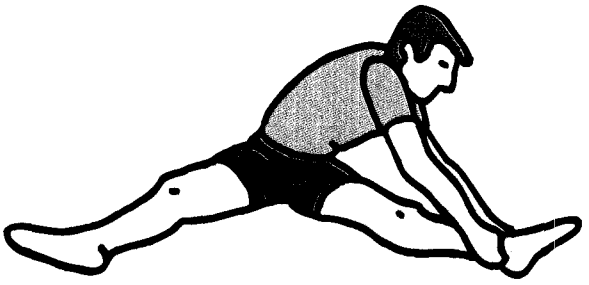
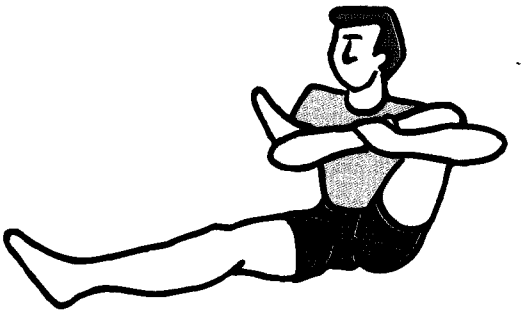


#9: Sitting Hamstring Stretch (Optional)
Sit on the floor with both legs stretched out in front of your body. Keep your knees straight and your feet approximately a yard apart. Bend forward at the hips, lean your upper torso toward the left leg, and grasp your left ankle with both hands. Hold for 15-30 seconds. Repeat with your right leg. The stretch should be felt in the hamstrings and lower back.



#10: Gluteal Stretch
Sit on the floor with both your legs straight out in front of your body. Your legs should be about a yard apart. Slip both your arms around your left ankle and knee, and raise your left leg up toward your chest. You should feel tension in your gluteal region—your outer thigh and buttocks. Hold this position for 15-30 seconds. Then repeat the motion with your other leg.

#11: Groin Stretch
Sit on the floor with the soles of your feet together. Place your hands around your feet to stabilize their position, and pull the heels of your feet in toward your groin (Fig. 1). Lean forward, with your upper arms or elbows pushing against the inside of each knee, so that you push your knees toward the floor (Fig. 2). You should feel tension in your groin and lower back. Hold this position for 15-30 seconds.

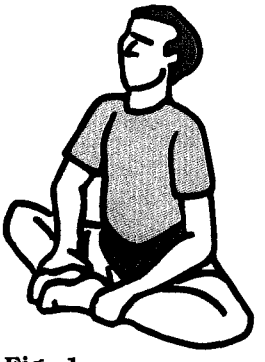


Fig. 1

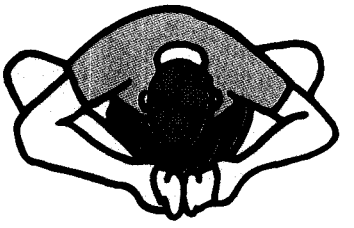
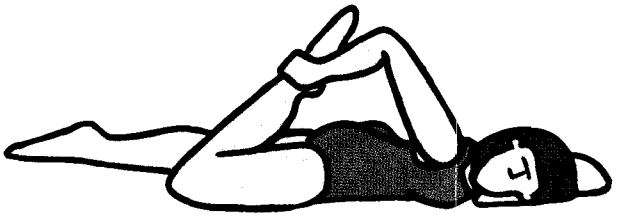


Fig. 2



#12: Lying Thigh (or quadriceps) Stretch
Lie on your stomach, with your head down on the floor. With your right hand, grasp your right foot and pull it back gently toward your buttocks. Tension should be felt in your right quadriceps muscle (along the front of the right thigh)—but not in your right knee. Hold this position for 15-30 seconds. Then repeat the motion with the left leg.

Fig. 1

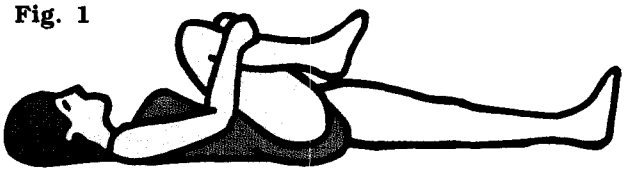


Fig. 2

#13: Lower Back Stretch
Lie on your back, clasp your hands around your right knee, and pull the knee up toward your chest (Fig. 1). Round your lower back as you pull so that you feel the stretch in your lower back. Hold for about 20-30 seconds. Repeat the same motion with your other leg. Finally, clasp your hands around both knees and pull them both up toward your chest (Fig. 2). Hold for about 20-30 seconds. Again, the stretch should be felt in your lower back.

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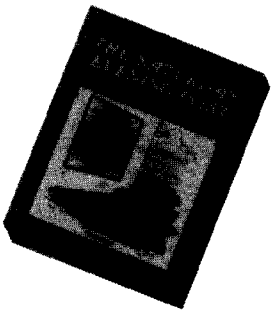

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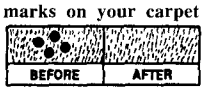
Lifts crush marks on your carpet from your furniture. Magic Cloth will wear 20 yrs. Send 

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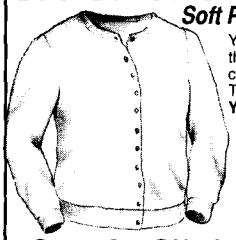

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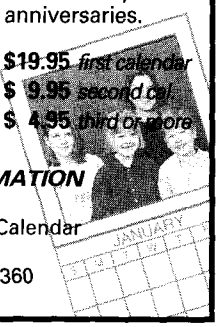

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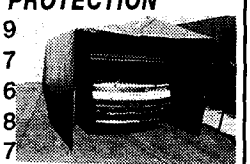

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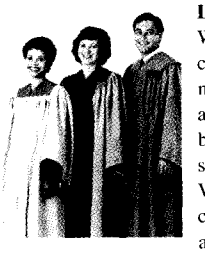

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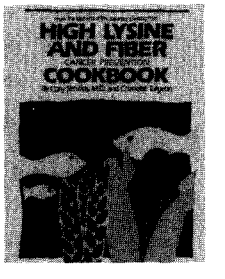

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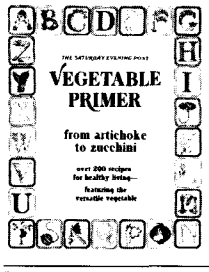

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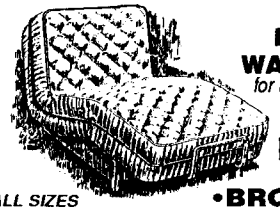

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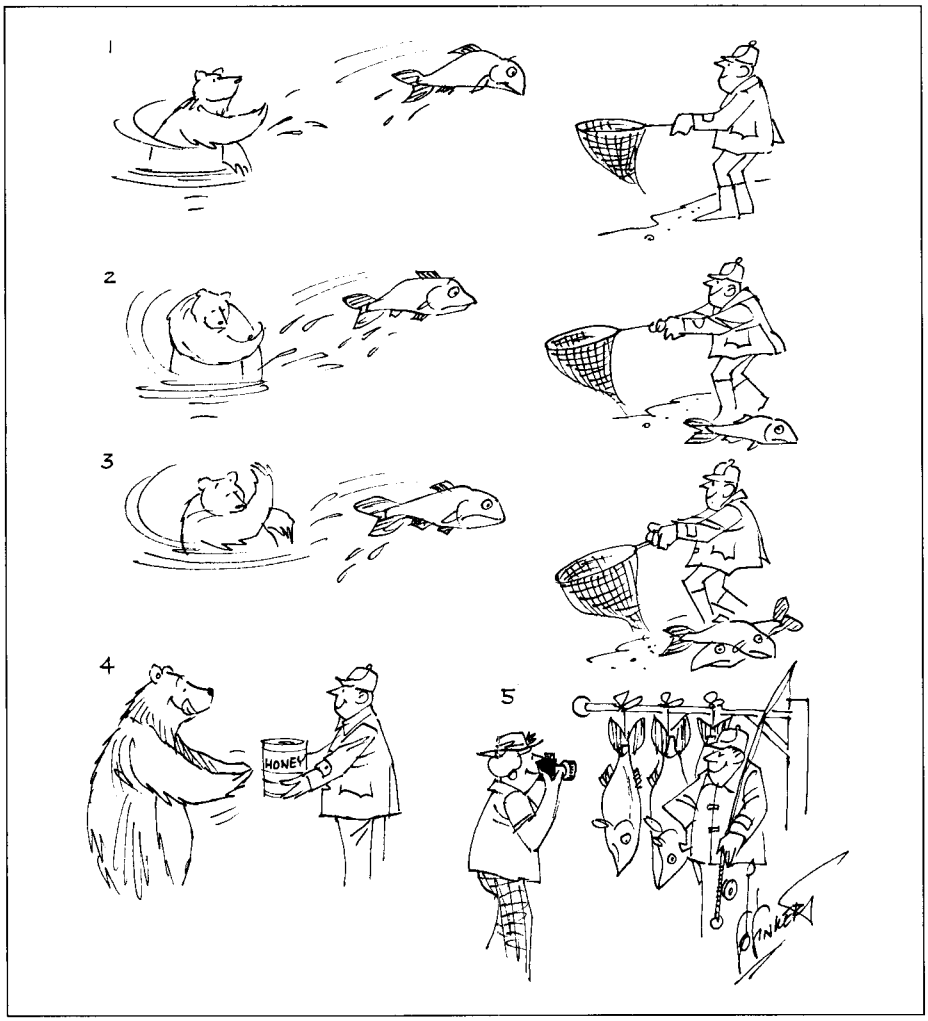

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Stolen Christmas

continued from page 47

still. The knowledge sang in his blood and made true his aim. His line, flung from the wallowing mission launch, sailed across the lead lifeboat's bows. An arm speared up to deflect it inboard. Bridled in a string, painter hitched to stern cleat, the boats tossed behind Mainadieu as her compass needle steadied on south.

It was midnight by Father Jerome's watch and the sound running high and angry, when he brought his flotilla around the hook of Blackfish and through the bottleneck of the lagoon.

For the next two hours Father Jerome was utterly occupied, building fires with kindling from Mainadieu's fuel locker under loose-laid piles of wet drift, staggering with bucket after bucket of fresh water from the creek that tumbled down a rock face, pulling out to his gasboat again and yet again, until he had stripped her of all the scant comforts in his personal store.

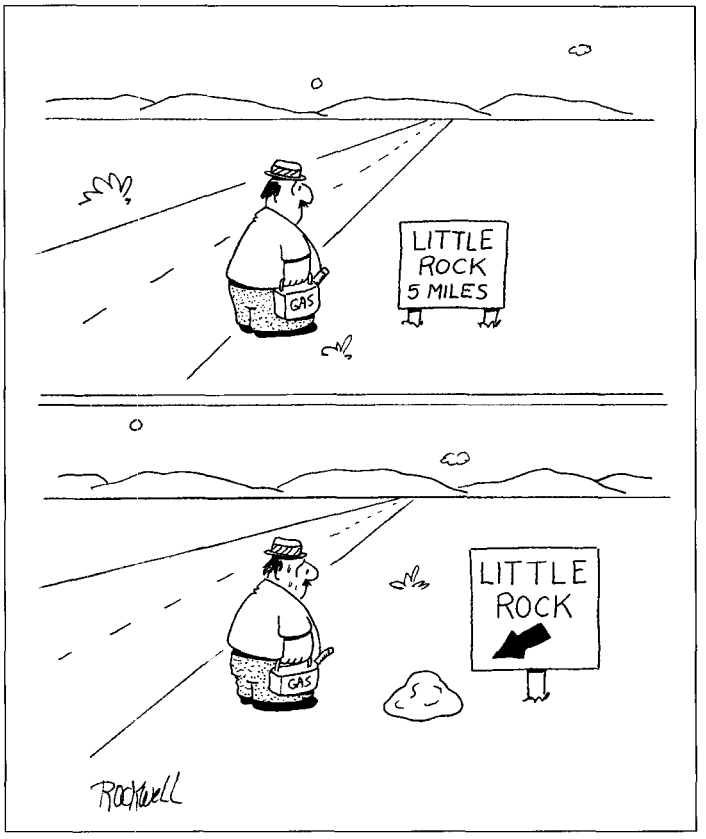
Men helped him, the stronger ones, as they regained their land legs. The fires began to leap high. A time came when Father Jerome could pause to ease the stitch in his side. He looked round at seamen who stood or sat or sprawled, their drying clothes giving off clouds of steam, their bristly faces red-ruddy in the glare of the driftwood flames. The one dangerously ill man of the crew lay between fires, wrapped in Father Jerome's blankets. Pneumonia, the Agincourt's skipper feared. He lurched across the shingle to Father Jerome. "I'd give my right arm for a couple of bottles of whisky," he said. "For one bottle, even. Just to get a spoonful between the teeth of my weakest." His grin was haggard. "Not belly-aching, mind. You've done us noble, padre; noble. But right now I'm wishing you were a sinful man with a Christmas quart stowed in your ditty bag."

"I'm a sinful man," said Father Jerome. The sailors lying by the fires had the hard-used look of bodies washed up on a beach, the sick oiler was all too reminiscent of a corpse wrapped for burial. He balanced Morant Construction Company's yule dinner against this urgent need, and saw his duty clear. Of what use to bring men in from the cruel sea if not to succor them?

"A sinful man, captain," he repeated. "I have not merely one bottle but two full cases. I also have twenty-seven large turkeys. Can you bear up long enough to lend a hand?"

"Why, I'll bear up forever!" The freighter captain gripped his arm with a pressure that hurt. "You're no mortal; you're a blooming angel sent amongst us!"

At three in the morning, Father Jerome straightened from dumping more drift on a fire. Stayed with white



meat and dark, with turkey drumsticks broiled over coals and turkey broth served from Mainadieu's washtub, warmed outwardly by fire and inwardly with Pride of Demerara, Agincourt's crew slumbered amid the bones of the feast. The little priest studied the scene with a wistful eye. His back ached and his own supper had been less than adequate; he could have nibbled with relish on a wing or even a neck. But no morsel of those ten turkeys had passed his lips. If he had sinned, let that be his penance.

He had banged his knee in a tumble from a drift log, and limped as he moved to join Agincourt's captain and first officer. They stood over the unconscious oiler. The captain listened to the labored breathing, then turned to Father Jerome with a shake of his head.

"We may lose him," he said.

It wasn't gloom-croaking, but simple truth. They stared, all three, at the form in the rough gray blankets, while the voice of the wind climbed to a banshee screech above the rock ramparts of the cove. High on the point a spruce tree yielded, crashing, to that gust.

"There's a hospital upcoast twelve miles at Quartz Harbor," Father Jerome said slowly. "It's small, but very well equipped." He listened for a moment, then said, "We'd be running directly against the weather for half the distance. From there, Cape Orion would provide us with a lee of sorts."

The wordless prayer was in his heart again. His mouth was dry, his knees none too steady. "In view of this lad's condition," he said, "I feel justified in attempting the trip."

Agincourt's mate said quietly, "Permission to go with him, sir?" and the captain gave him a nod. "If there's phone or wireless at this place, Mr. Amodeo, you'll pass word to the outside that we're safe."

It was settled as briefly as that. With the sick man in the bottom of the dinghy and Amodeo at the oars, they pulled out to the gasboat. They lashed the dinghy across Mainadieu's stern, the oiler into Father Jerome's bunk. Anchor up, engine at quarter speed, they crept toward the gut of the cove. Outside, the gale, which had already twisted the stem off a seventy-foot halibuter and capsized a tugboat, met them, roaring. Spray rattled like birdshot against the wheelhouse windows. Behind them the beach fires flicked out.

Unbidden, the mate had settled in a watchful crouch by the engine. Father Jerome crossed himself. His hand, descending, drew the throttle to mid-quadrant. He felt Mainadieu rear like a startled horse beneath him as she rose to the first inrushing sea.

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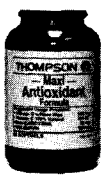

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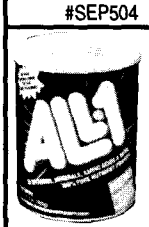

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Off the tip of Blackfish Point, the wind smashed at her, full force. She struggled without forward way, trapped in a hell of cross-seas between spouting reefs and open sound. Wind slugged her again with a giant fist. Her wheelhouse windows blew inward. Father Jerome's upflung arm protected his eyes from the splintering glass and his beard saved him a cut throat. But his cheekbone tingled with a wet warmth and his fingers came away bloody. He swiveled for an instant to see how Agincourt's young mate had fared. From his crouch by the engine Amodeo flashed him a white grin.

They fought inch by inch clear of the tide rips. Father Jerome notched his throttle back to half speed. If his boat was to live he must hold her to the rhythm of the seas, never trying to drive her over their summits, but letting them lift and toss her and slide by beneath her hull. This was a head sea, praise God. A following sea in a blow such as this would surely kill her.

He wiped his cheek on his sleeve, braced his feet more firmly and, with wind screaming past him through the shattered windows, buckled down to work. The cresters rushed endlessly out of the night upon them. Each must be judged, each met to a hair. Behind him, he sensed rather than heard the steady beat of Mainadieu's power plant, and the sound brought assurance, even a measure of cheer. But the lee of Cape Orion was distant still, and these white-and-ebony water ridges would be mountains in the middle of the sound.

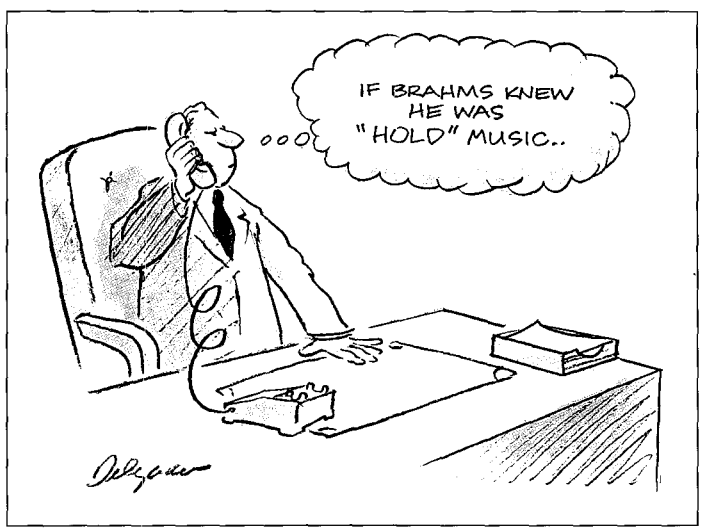
Time lost meaning for Father Jerome. It could have been minutes later or hours when he saw the first of those mid-sound killers seething down toward them. The king wave brought a wind of its own. Its spray hosted before it, filling the air, blinding the little priest's eyes.

Mainadieu's bows were lifting; she was scrambling up the breakneck slope like a cat up a wall. She poised with the white avalanche of the crest crumbling around her, then tobogganed down the other side. The trough received her. The following sea, jackal on the heels of a lion, pounced square upon her.

Half strangled, fists locked around the spokes, Father Jerome withstood the press of solid water. The mission boat rose sluggishly from under her load to squatter in a field of foam. A pulse familiar to the Oblate as the beat of his own heart was missing. Mainadieu's drowned engine had stalled.

They lay, half swamped, in a quiet all but supernatural. It was the lull between sets of seas—the phenomenon which, in the days of his Atlantic boyhood, Father Jerome had heard fishermen call a "slatch." They must use it or die.

He rushed aft, hooking a line from the gear locker as he passed it. Amodeo was working desperately over the engine. Father Jerome made his line fast around a slat in the last of the turkey crates, hurled the crate overside and edged forward along the eight-inch flange of decking between gunwale and cabin.



When the line had been payed out to its final ten feet, he threw a figure eight around the bow mooring bitt and scrambled into the wheelhouse through a window opening now stripped even of its frame.

Mainadieu's nose swung to the sea anchor just as the next crester roared to the assault. She was logy from too much water taken, but she hiked up her stem like a lady still, and trod that sea beneath her.

No orders were given, none needed. Father Jerome broke out his spare set of spark plugs while Agincourt's mate swabbed with a fistful of miraculously dry waste at the ignition wires. Skinned knuckles were added to the cheek gash when Father Jerome straightened.

"Ready here," Amodeo snapped to him. He jammed his thumb on the electric starter. The engine caught—on the first revolution, thanks to God, it caught. Mainadieu plodded up on her sea anchor and Father Jerome flipped the line free. A glance showed him Amodeo now toiling with a fragment of canvas to rig a shield for the steaming engine head. Presently, jockeying the gasboat into the seas, Father Jerome heard the suck and thud of the bilge pump.

The Lord had preserved them, making calm the face of the waters in that place and for those few seconds. The next wave, it seemed to Father Jerome, was shorter in the tooth. As it swung them he caught, distant still and half obscured, the wink of the five-second light beneath Cape Orion.

After a while Amodeo came forward to stand by him. They smiled at each other wordlessly, and when the young man reached for the spokes, Father Jerome surrendered his wheel without protest.

He was loading damp tobacco into his pipe when they picked up the late lights of Quartz Harbor.

"I've a mystery to solve," Father Jerome said out of prolonged thought. "My son, if you were required to extract liquor from a case without opening it—I don't seek this information for my own use, you understand—just how would you proceed?"

Amodeo chuckled. "Easy, sir!" he said. "That longshore stunt has barnacles on it. You slam your case a few times into a copper or washtub or something of the sort. The bottles break, your seals aren't torn and you've got a tub of the stuff!"

The drizzling day was past noon when Father Jerome jogged down from the hospital to his gasboat. The sick man would live. Doctor Bernstein had told him so over breakfast, and for that he was grateful. But he found little else to cheer him. The sea that had all but pounded Mainadieu under had reduced the last case of rum to a litter of broken glass and a barroom reek which would haunt her for many a day. From the wreckage of his

continued on page 84

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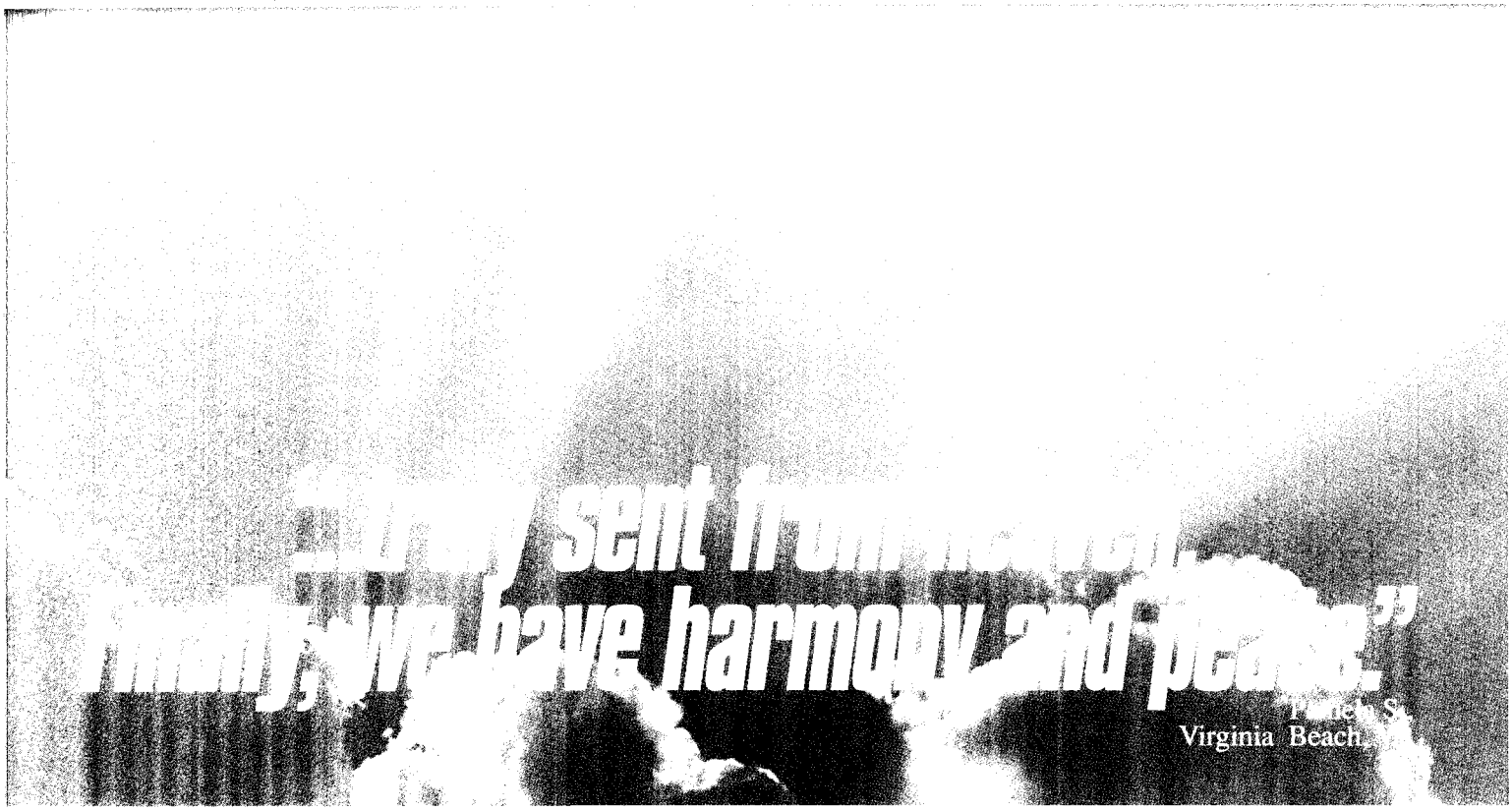

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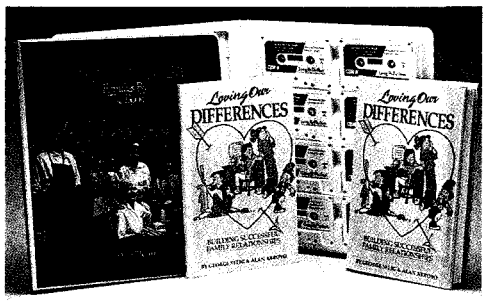

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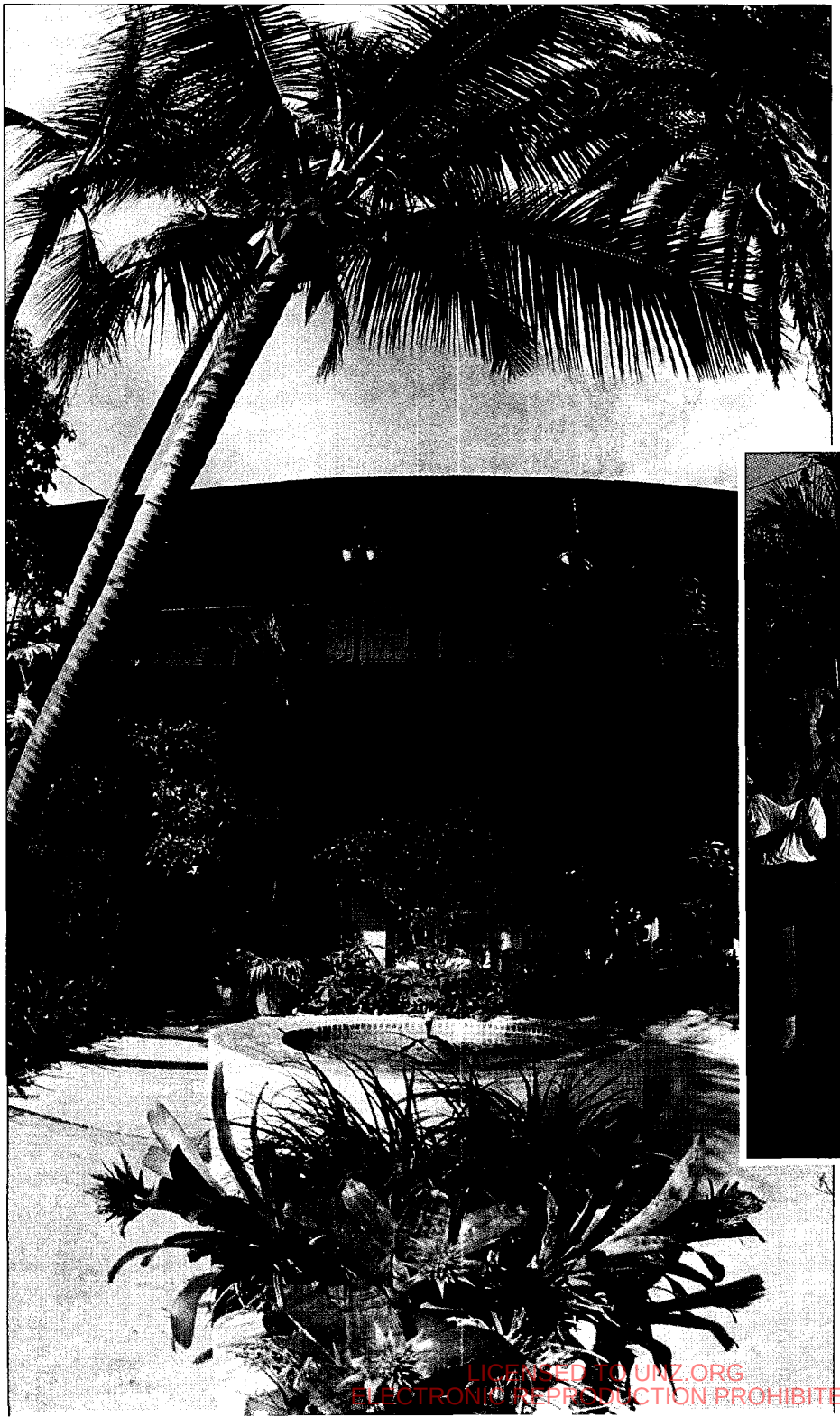
KEY WEST: END OF THE ROAD

Class meets crass on this tiny two-by-four-mile island at the southernmost point of the United States.

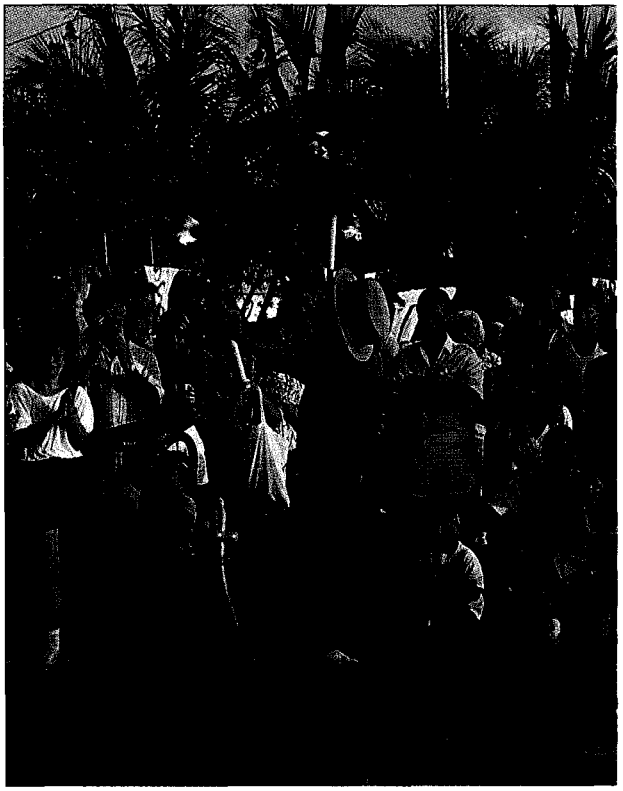
by Holly G. Miller



Harry was just wild about it, and Hemingway thought the sun also rose and set on it.

Key West, Florida—the two-by-four-mile outpost located closer to Havana than to Miami—has a way of stripping visitors of their inhibitions and bringing out the party animal. Here, encounters are brief and breezy. No one has a last name, but everyone has a story. Tour guides speak in anecdotes and, oh, the gossip they spread.

"Harry Truman used to arrive carrying his collection of 78 rpm records in his briefcase," recaps a guide during a 30-minute walk through Truman's "Little White House" on Front Street. Normally a dapper dresser, Truman would switch to vacation mode by trading his homburg hat for a pith helmet and his double-breasted suit for a wild tropical shirt. When clothing manufacturers became aware of the president's bad taste in leisure wear, they sent him their loudest designs in the hope his wearing them would make them popular. No such luck. Truman arranged the overflow of ugly



Ernest Hemingway moved into his Whitehead Street mansion just before Christmas, 1931. Now Key West's top attraction, the house was a gift from Mrs. Hemingway's uncle, who bought it for $8,000. At the opposite end of the island, a flame eater performs for revelers at Mallory Square.

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shirts on the grounds of the retreat and insisted that visiting dignitaries select and wear them for the duration of their stays. More than one vintage news photo shows congressional leaders and other VIPs consulting with the president in garish Hawaiian prints.

Down at the Hemingway house on Whitehead Street, guides tell tales about the Nobel Prize winner who wrote *To Have and Have Not* and "The Snows of Kilimanjaro" in a studio joined to the mansion by a catwalk. "He once lugged home a urinal from Sloppy Joe's, his favorite pub," goes the story. Now tastefully decorated with Spanish tiles and subtly situated in the home's lush gardens, the urinal serves as a watering trough for 56 descendents of Hemingway's famous six-toed cats. The number of cats in residence is limited to 60, and the animal population is kept in check by literature buffs who put their names on a list and patiently await their turns to adopt.

At the Audubon House on the corner of Whitehead and Greene streets, guides share more tidbits about the mansion's one-time owner, Captain Geiger, than about its short-term guest, John James Audubon. Still, the history lesson is interesting and gives new meaning to the phrase "whistle while you work." It seems the penny-pinching captain ordered all his servants to whistle as they went about their daily chores so he could be sure they weren't eating his food.

"The Beatles were here for two days in 1964," announces the narrator and navigator on board the Old Town Trolley, a winding string of coupled cars that loops the island and gives tourists an overview of local attractions. "The Fab Four spent two days at the Key Wester Motel, and after they left, the owner drained the pool, bottled the water, and offered it for sale at the Navy Charity Auction."

The stories go on and on. There are tales of the Pan Am pilot who took homing pigeons with him on the first "international" flight to Havana just in case he needed to get a message back to Key West pronto; Key West's mayor, who made a goodwill trip to Cuba on one water ski (a bumpy six-hour mission); the town hypochondriac who died at age 90 and ordered her tombstone to read, "I *told* you I was sick"; and the treasure salvor who discovered

continued on page 82

A free-form swimming pool and Moroccan-style fountain form the centerpiece of the elegant hotel. All 17 rooms overlook the botanical gardens.

EDEN ON ANGELA STREET

"Sometimes it's so obvious when a place runs out of money during a restoration project," says Corinna Hettinger, who was spared the nasty business of corner cutting when she and her husband, Bill, renovated their overgrown chunk of history in Old Town Key West.

Once the largest private estate on the island, the property had been beaten by storms and nibbled by termites when the Hettingers first surveyed the sorry site in 1992. The adjoining botanical garden—a tangle of ponytail palms, Japanese orchids and royal poinciana—convinced them. This was exactly the challenge they had been looking for.

"It was the feeling of spaciousness that attracted us," explains Bill, now an expert in "conch" architecture, a style that blends Bahamian with Victorian and trims it with gingerbread. The location added to the lure. The property occupies almost a quarter of an Old Town city block and is a few steps from the funky shops and trendy restaurants of party-'til-you-drop Duval Street. Nevertheless, the garden serves as a buffer to the noise. Inside the lush enclave, the mood is private. Party? What party? Duval Street may as well be a hundred miles away.

The Hettingers faced one obstacle to their dream of turning the shabby-but-large estate into an elegant-but-small hotel. To compete with Key West's 150 inns, hotels, and B&Bs, their place had to be special, and "special" requires both vision and work. They made lists, laid plans, and then divided duties.

Bill supervised the meticulous restoration of the 125-year-old main house, carriage house, and "eyebrow" cottage, named for the slanting roof that partially covers the second-level windows. He added a pair of two-story buildings with wraparound porches that overlook the garden and its winding pathways, made of 87,000 century-old bricks. The garden was pruned, replanted, and irrigated.

Corinna led an international quest for antique headboards, armoires, a grandfather clock for the breakfast room, and a different floral chintz for each guest room's bedspread and curtains. She commissioned New Zealand artist Peter Williams to visit Key West for six weeks, sketch the scenery, and eventually deliver 22 original paintings to decorate the walls of the now-official "Gardens Hotel."

Fourteen months after its launch, the multimillion-dollar project culminated when the Hettingers eased into the hotel business by opening their gates for a couple of trial weekends. That way, says Bill, "we could figure out what we did right and what we did wrong." Comments were favorable; the "rights" outnumbered the "wrongs," and only fine tuning was required.

Although rooms at The Gardens Hotel are pricey and may not fit every tourist's budget, Bill makes no assumptions about potential guests. He recalls a throng of motorcyclists who once roared onto the island in a wave of black leather and chains. "Not our crowd," surmised Bill, as the group blasted down quiet Angela Street. By dinner, the easy riders had parked their Harleys, showered, and traded denim for Dockers. These were not Hell's Angels, after all. "Most of them were pediatricians from Boca Raton," Bill said. ■

—Holly G. Miller

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Walt Disney World Lights Up For Christmas

Ever wonder who turns the Magic Kingdom into a holiday fantasyland overnight? Meet Santa's chief elf, Scooter Huller.

By John McCollister

Florida's Walt Disney World may be a long sleigh flight from the North Pole, but that's where you'll meet John "Scooter" Huller, the man many refer to as "Santa's chief elf."

To the million-plus guests who visit the Magic Kingdom between November 27 and December 31, Scooter is the behind-the-scenes genius who orchestrates an overnight metamorphosis of America's No. 1 family attraction into a "Jolly Holiday Christmas Spectacular." It takes him less than 12 hours, with the help of an 80-member crew, to assemble the park's giant trees, sparkling lights, glittering tinsel, regal costumes, and of course, "Mickey's Very Merry Christmas Parade."

In reality, this is no overnight task. As soon as the last Christmas decoration is stashed away from one celebration, Scooter and crew are planning the next year's version. They operate from a 750-square-foot office—affectionately known as "Scooterville"—located within the park's boundaries but far from Main Street, Frontierland, and other familiar attractions. Here, Huller and company coordinate a search for the nation's most beautiful evergreen trees. This year's quest yielded an 80-foot giant Douglas fir from California that will stand in the park's Town Square.

Thousands of lights, ornaments, and electric candles will enhance trees in the Magic Kingdom and in each of the other Florida Disney attractions—Epcot, which features Christmas celebrations from around the world, and Disney-MGM Studios, with its "permafrost" displays of snowdrifts and a snowman no matter how tepid the weather. A giant 500-pound Santa cap—quite possibly the world's largest—sits on top of the "Earffel Tower."

Carolers, dressed in costumes right out of a Charles Dickens novel, again will stroll the Magic Kingdom's Main Street, giving impromptu concerts to visitors. Other attractions include animated figures in store windows, boughs

The park's top dog, Goofy, sits in for Santa Claus as "Mickey's Very Merry Christmas Parade" inches down Main Street. That's Cinderella Castle looming in the background.

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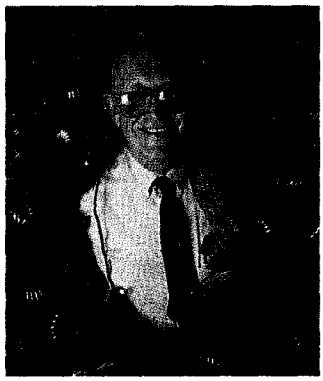
Mickey and Minnie Mouse, bundled up in their holiday mufflers and furs, squeak their approval of the festive Christmas tree in front of the Floridian Hotel.



John "Scooter" Huller welcomes you to "Scooterville," where the magic of Christmas in Walt Disney World begins.

Decorations that welcome visitors to Disney-MGM Studios' winter wonderland may be "cool," but the weather is warm and sunny in central Florida. Nearby, Epcot offers a peek at holiday traditions from around the globe.

of holly and wreaths of pine, and aromas of spices that transport guests back to their childhood days.

Each year, Disney insists on a 25 percent change in holiday decorations to add new Christmas magic for repeat visitors. At the same time, some traditions never change. Parents will always stand on tiptoe along the sidewalks, holding children high above their heads to get a better view of the candlelight procession of high-school choristers (more than 1,000 voices strong) winding their way through Epcot Center. The choirs then join with orchestra members to present the Christmas story through song and narration. Last year's guest narrator was actor James Earl Jones. This year's dates are Dec. 17-18.

Guests also look forward to the annual "Mickey's Very Merry Christmas Party," when the Magic Kingdom becomes a winter wonderland with miles of garland, marching toy soldiers, and this year, for the first time, "snow"—made from bubbles. An explosion of red and green fireworks lights up the nighttime sky, and "Mickey's Very Merry Christmas Parade" winds down Main Street. Dates this year are Dec. 2, 3, 9, 10, and 16.

Overseeing these lavish events is a demanding job, but Scooter—who turns 70 this year—sees it as the perfect cap to a career that has included 10 years as a high-school math and physics teacher and 25 years working at the atomic power division of a shipyard. His brisk pace often leaves younger employees lagging behind. Like a modern-day Peter Pan, he seems ageless. On the rare occasion when he needs a shot of energy, he merely meanders down Main Street just as the last explosion of the "Fantasy in the Sky" fireworks show echoes over Cinderella Castle. There, he watches scores of moms and dads as they leave the park carrying in their arms sleepy children exhausted from a full day of excitement and thrills.

"That's what makes it all worthwhile," Scooter says. "You just can't get old around here." ▲

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Key West: End of the Road

continued from page 79

$250 million in Spanish gold, silver, and jewelry almost ten years ago.

As colorful as its history is, so are its current residents. However, modern Key West has a commercial edge that some visitors find disappointing. The entrepreneurial spirit is still alive and well among locals, but it has resulted in too many T-shirt shops and a pay-per-view mentality. More than one amateur photographer has been rebuked for trying to snap pictures of a street performer with his pet birds.

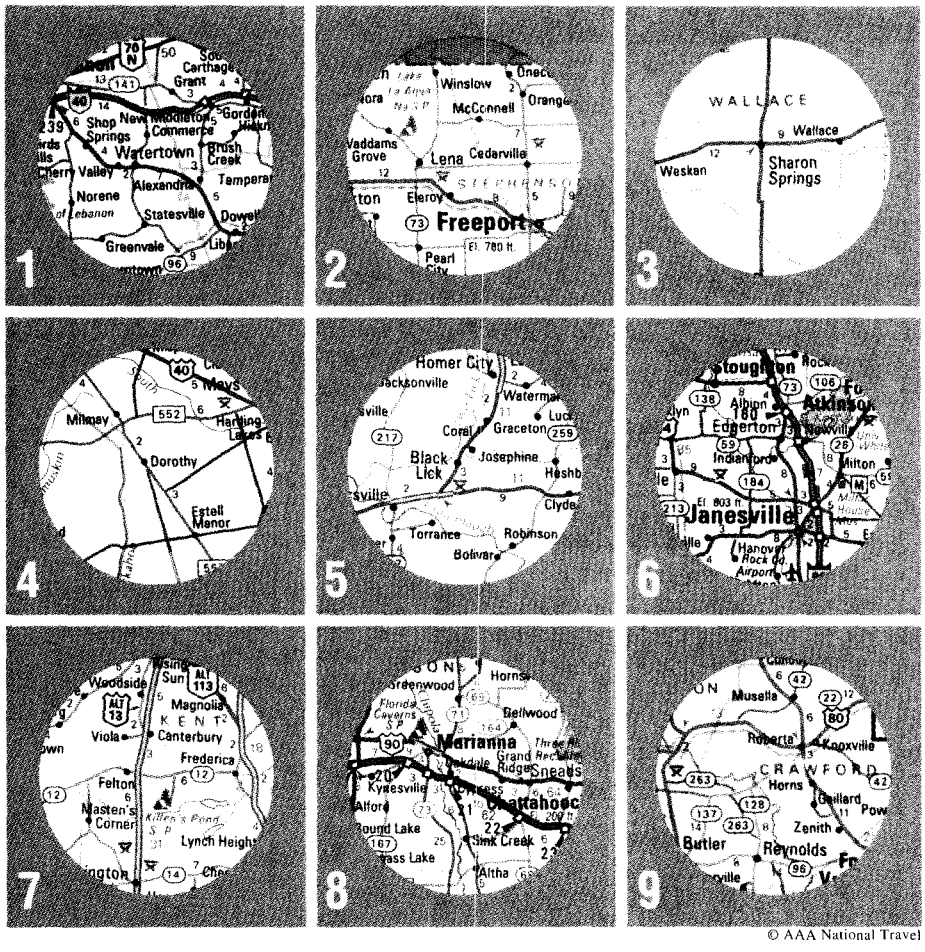
The commercialism is most evident each evening at Mallory Square when the town turns out to celebrate the sunset. Artists squint as they dab at their canvases in the fading light. The Cookie Lady pedals her bicycle up and down the pier, selling recipes and spouting rhymes. An animal trainer with a French accent cajoles his trick cats to jump through hoops and pounce on the shoulders of the youthful "helpers" he recruits from the crowd. A man dressed up as Uncle Sam does a disappearing act with dollar bills. (Is there a message in that?) Hats are passed and donations are collected.

The daily spectacle ends when darkness descends, but the party is just revving up. Late suppers are part of the laid-back lifestyle, and the island boasts an incredible selection of fine restaurants. The names are colorful—Fat Tuesday, Louie's Back Yard, Hog's Breath Saloon—and so are the claims. Owners of Pepe's insist that Truman used to sneak out for clandestine midnight meetings with government officials at the restaurant. On the other hand, Papa's Banyan Tree Cafe promises to duplicate all of Hemingway's prerequisites to a fun time. These include the shade of a banyan tree, a frosty glass filled with a cool drink, and a hearty meal. Because neither Harry nor Hemingway are around to dispute the claims, their implied endorsements go unchallenged.

There's a cuisine to match every preference and budget, but first-timers usually sample the pasta at Antonia's, the oversized sandwiches at Mangoes, and the frozen Margaritas at Jimmy Buffett's Cafe. The last item may be overpriced ($4.20 each) and overrated, but, hey, it's tradition.

"Come in April, stay about three days, and do all the tourist things," advises a Key Largo resident who travels with her husband to Key West several times a year. After their first trip, the couple learned to leave the predictable sights behind, rent bicycles, explore the back streets, talk to island natives, and enjoy Cuban food served in tiny outdoor restaurants. Like most frequent visitors, they suggest that everyone should drive, rather than fly, to Key West once. The leisurely trip is like a countdown. One-mile markers begin with number 126 just south of Florida City and end with the "0" post at the corner of Fleming and Whitehead streets.

"This is the end of the line," she says. "U.S. 1 runs into the ocean, and the traveler has no other option than to stop, kick back, and enjoy."



© AAA National Travel

Where do you think you are?

East or West, North or South, each of the distinctive areas above appears on the map of a single city, state, or province. In terms of routes, state parks, mountains, and memorials, there is, as the saying goes, "no place like it." Can you identify these locations? If you find the game too easy (but you won't), try to guess the theme of this month's map game.

(Answers on page 103)

Book Reviews

continued from page 28

may be incompetent.

Automobile repairmen are not the only recipients of Eskeldson's attacks. He also takes aim at corrupt salespeople who, like repairmen, want to make the highest profit off their patrons. They do this in a number of ways, some of which are illegal.

For instance, the "bait and switch" tactics used by repairmen are also used by those on the sales end of the business. An advertisement describes a great car at a low price, but when people come to see the car, the salesperson tells them someone else bought it. However—so the salesperson says—there is a similar car for only a small amount more. The huckster will continue to try to sell the other, more expensive, car.

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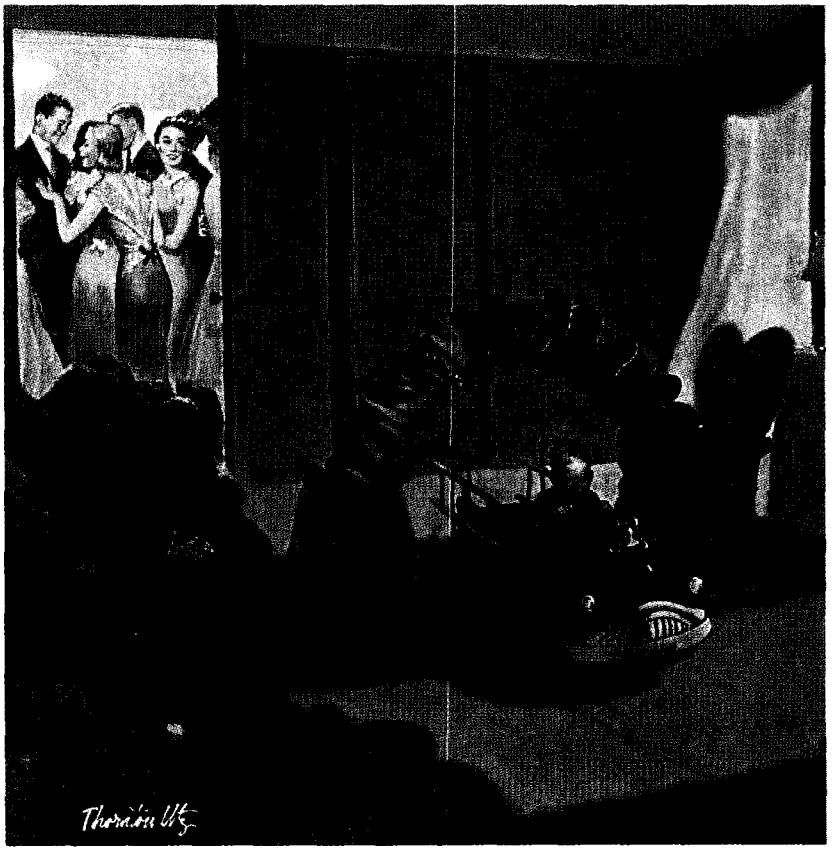
Eskeldson's main advice when dealing with car salesmen is to stay in control and know all about the car or truck you plan to purchase. Some useful information to know beforehand includes: the price of any trade-in, customer rebates, dealer incentives, and the factory invoice price.

Unfortunately for consumers, the automobile industry is a highly competitive war zone, and the most common victim is your wallet. *What Auto Mechanics Don't Want You to Know* gives consumers a fighting chance to compete on a level playing field.

—Brian Moore



Can you name this picture?

. . . ***contest:*** *The Saturday Evening Post* will award $100 to the author of the winning limerick for this picture. Your limerick must contain exactly five lines.

Send your entry on a postcard. Entries will not be returned. Enter as many times as you wish.

Send entries to: Limerick Contest, *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202.

All eligible limerick entries must be postmarked by December 24, 1994.

The winner of the Nov./Dec. 1994 contest will be announced in the March/April 1995 issue.

Our congratulations and a check for $100 go to Margaret Young of Oak Ridge, Tennessee, for the winning entry in our July/August 1994 caption contest.

Now, dear lady, my aim is to please
And I've dug 'til I'm weak in the knees;
This tree could be growing,
While you're to and fro-ing
And turning this lawn to Swiss cheese!

Stolen Christmas

continued from page 76

dinghy, Father Jerome had recovered two battered and sodden turkeys.

Those birds, strung by their necks to dry above the stove, were all that remained of the thirty committed to his stewardship. In a matter of hours he must face Morant Construction Company's cook and one hundred and twenty turkey-hungry men.

The sight of Galway Girl and Gypsy Rose plodding back like repentant sinners from picking up Agincourt's crew lightened his mood only for the moment.

Sighing, he ducked below. A small girl stood with her back against the cabin bulkhead. Her hair was a tawny tangle, and her blue jeans were patches over patches. Like a shawl tugged around her, she wore a man's rain-test coat. It bulged in the middle; from under it dangled a pair of scaly yellow turkey legs.

"I guess you'll take me up to the p'liceman." Her voice quavered, but it held a note of defiance too. "Well, I don't care! My dad's got both legs in plaster casts and we've been eating clams for weeks, and tomorrow's Christmas, and—and——"

Her voice lost its defiance. The enormous eyes overflowed. Stricken and bewildered, Father Jerome fumbled for his handkerchief.

"There, there, now," he soothed her. "I don't think this is a matter for the police." He had identified the child vaguely as one of the sprawling Blenkinsop family, from the beachcombers' float camp across the harbor. "And as a Christmas feast, clams do leave something to be desired."

A smile crept into the youthful eyes. It would require a miracle such as that of the loaves and fishes to rescue him from his predicament, he thought wryly; and if the Lord was disposed to work a miracle, He could manage as well with one bird as two.

"Keep the turkey, my dear," he said kindly. "Advise your mother that soaking may be needed to remove the salt. Now, if we both hunt about, we may find a few cranberries."

The tears ceased. The pointed face was radiance distilled.

"Mister," the little girl said, "you're nicer'n anybody. I'll bet even that tough cook at Morant's would like you!"

continued on page 92

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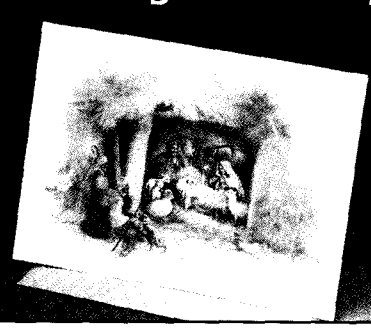

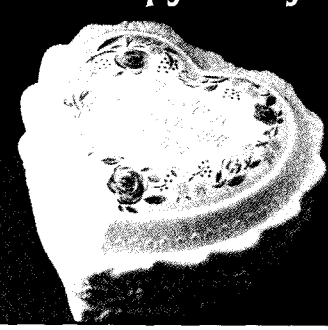

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MEDICAL MAILBOX

by Cory SerVaas M.D.

"In general, mankind, since the improvement of cookery, eats twice as much as nature requires."—*Benjamin Franklin*

Radiation Exposure Guidelines

Dear Dr. SerVaas:

How much radiation is harmful to the human body?

Since 1977, I have had about 200 x-rays at least, three bone scans, and three stress tests which required radiation injections. My family doctor x-rays my chest yearly, the dentist x-rays my teeth every time I have dental problems, and I received radiation treatments for two months for cancer. I have the utmost confidence in my doctors, but when it comes to radiation exposure, I receive the same answer: that it is a minimal dose. Blue Cross sent me a form to keep a record of x-rays and radiation received, but did not indicate when enough is enough.

Are there any guidelines on it, and how much can be harmful?

Name and address withheld

Although x-ray procedures with newer equipment carry little risk, some patients wisely ask for the lead apron to shield their genitalia. Cells in the genital area are probably most sensitive to radiation.

The National Council on Radiation Protection and Measurements (NCRP) has outlined exposure limits for radiation workers. We can compare that limit with radiation doses of common diagnostic x-rays. The NCRP currently recommends the cumulative exposure to radiation workers should not exceed one rem times age in years. A "rem" is a unit of radiation measurement. A 60-year-old radiation worker, therefore, should not have received more than 60 rems of radiation in his lifetime.

Now, a diagnostic chest x-ray will deliver close to 0.008 rem total body exposure, skull films 0.022 rem, lower back films 0.127 rem. Your radiologist can tell you the radiation doses of specific x-ray procedures or radiation treatments, but you can see how small these numbers are and how slowly they will add up.

Also, remember that when small amounts of tissue are treated over a long period (as with cancer treatment), one can tolerate a much higher radiation dose than that of one dose administered all at once or as a whole body exposure. A single dose level over 50 rems is allowable by the NCRP in lifesaving emergency situations.

It is a good idea to keep track of one's x-rays—people have the right to be involved in their care and to make informed decisions.

Even the smallest dose of radiation can carry some risk, *but that risk must be balanced against the benefit from the x-ray examination or radiation treatment.* In skilled hands, be assured modern x-ray equipment is designed to produce high-quality images at the lowest possible radiation exposure to you.

Gastroesophageal Reflux in Denmark

Dear Dr. SerVaas:

By incidence, I saw a copy of *The Saturday Evening Post*, May/June 1994, in Copenhagen.

There, I saw a letter from a Ms. J. Schiff, Illinois, about "gastroesophageal reflux problems." You could take salt against it (without water?).

I was very interested, as I have never read about that illness before.

About nine years ago, my husband (now 56 years old) just started his meal and a few moments later suddenly got a terrible pain in his chest. I called the heart ambulance; at the hospital, they said it was not a heart attack but spasm in the gullet. About one year later, he had it again. Now our doctor prescribed Temgesic 0.2 mg, to put one tablet under the tongue in case of attack. It helped next time it occurred, but after that it did not help. It was terrible. So now at every meal, I am so full of fear. My husband is more quiet, even if it is so terri-

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bly painful. I play quiet not to disturb him, but I am so scared every day because once I couldn't contact him, and called an ambulance again. He vomited and got a little oxygen. Otherwise, he is healthy, slim, has never smoked. He seldom drinks alcohol.

Our doctor's advice is to telescope through the gullet, but my husband's not so eager about that, as the attacks come infrequently. Is it allergy, as mentioned in the letter? We cannot find a pattern—maybe carrots, which we used to eat a lot, but it has come without eating carrots, too.

Have you since heard of anybody trying salt? I'm disabled by rheumatoid arthritis, and I would be thankful for advice.

Mrs. Aase Andersen
Hvidovre, Denmark

Greetings to our reader in Denmark.

We aren't aware of any scientific study about the salt remedy, but we like to report what readers have told us. In this case, our reader from Illinois reported that taking a small amount of salt on a teaspoon relieved gastric pain. An old-time home remedy for nausea is to slowly sip one-half teaspoon of salt in half a cup of water.

Gastroesophageal reflux can result from acid produced in the stomach rising into the esophagus, or food pipe. Those who suffer from it can sometimes be helped by eating five or six small meals a day, rather than three large ones. This may help to reduce the acid production. Patients are usually advised to avoid fatty foods and any foods that have caused aggravating symptoms.

It is especially important to avoid fatty foods before bedtime. Elevating the head of the bed may also help keep the stomach acid where it belongs. Medications are also available that can suppress acid production. Rarely, surgery may be needed to tighten the lower esophagus and prevent gastroesophageal reflux.

The telescope through the gullet that your husband's doctor recommends is a procedure called upper GI endoscopy in the United States. This procedure allows a physician to peer into the esophagus with a small lighted tube swallowed by the patient. Its development has been a giant step forward for gastroenterologists who treat digestive disorders such as this.

This procedure is safe and relatively noninvasive and can give good information about the lining of the esophagus and the condition of the esophageal opening into the stomach. It helps a patient deal with this problem with more confidence.

Relief from Vulvadynia

Dear Dr. SerVaas:

I, unfortunately, have vulvadynia and for many, many years found no relief. Suicide truly becomes a viable alternative—as the pain is unrelenting and horrific.

There is help available—not always close by, unfortunately. There is: Dr. Richard Reid, 29355 Northwestern Highway, Southfield, MI 48034-1025. This man is a godsend. He has several kinds of treatment available—from cream applications to laser surgery. I have myself had the laser surgery a couple of times and now live a relatively normal life.

There is also: Dr. Alex W. Young, Jr., at St. Luke's Roosevelt Hospital Center in New York City.

And: Dr. Michael Campion at Graduate Hospital in Philadelphia.

I am very, very skeptical of, and highly question the altruistic ethics of, the Vulvar Pain Foundation in Graham, North Carolina. They cash checks sent to them instantaneously and then maybe respond months later with requests for yearly memberships of $30. No money for membership equals absolutely no information given (i.e. is there a knowledgeable doctor in my area/state?).

Klara Hanson
Ft. Lauderdale, Florida

Understanding Shy-Drager Syndrome

Dear Dr. SerVaas:

"Medical Mailbox" is a very informative part of *The Saturday Evening Post* for us.

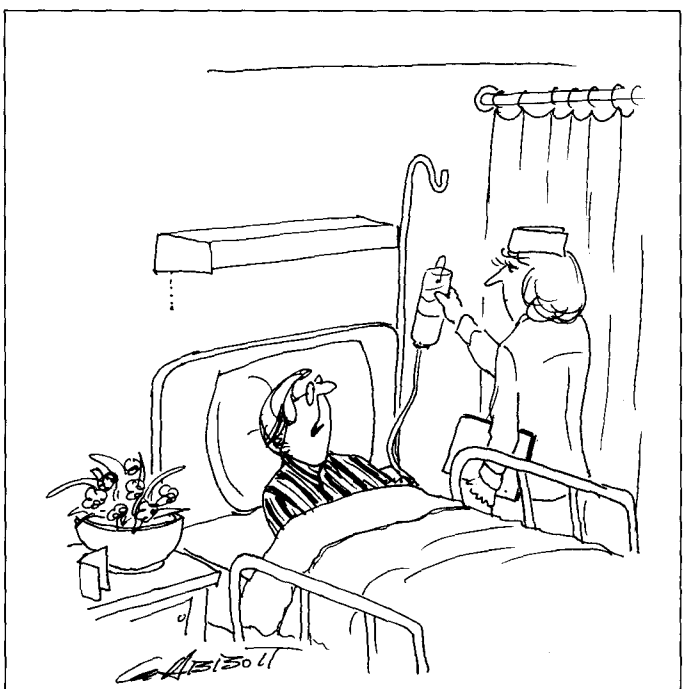
My 58-year-old brother has just died of Shy-Drager Syndrome. I have tried to read about it in the medical books, and it's hard to follow the medical terms.

I would appreciate your putting it into layman's terms so as to be more understandable for us.

Delores Rosenbrook
Jackson, Minnesota

To understand what happened to your brother, you first need to know about your autonomic nervous system. Made up of two major subdivisions called the sympathetic and parasympathetic systems, the autonomic nervous system is self-acting and essential for your survival. This system has a part in the proper functioning of the bowel, bladder, sex organs, heart, glands, and blood vessels. A malfunctioning autonomic nervous system threatens the most basic functions of sweating, heart rate, breathing, and regulation of blood pressure.

Shy-Drager Syndrome (SDS) is a poorly understood disorder characterized by widespread, numerous "breaks" throughout the autonomic nervous system. It can be severe and progressive. Depending on which nerves are affected, symptoms and the course of the disease vary, but people



"Are you sure I'm getting enough fiber?"

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with SDS typically experience severe disability or death within seven to eight years. When nerves connected to blood vessels become involved, SDS victims cannot regulate blood pressure. They feel dizzy or lose consciousness when changing from lying to sitting or from sitting to standing (orthostatic hypotension) positions. This is a hallmark of SDS and the most disabling symptom of the disease. In later stages, chewing, speaking, and breathing may become increasingly difficult. SDS victims become confined to a wheelchair and then to bed as symptoms progress.

With the cause of SDS unknown, only the symptoms can be treated. Medications, diet modifications, and specially tailored pressure stockings or leotards may help control orthostatic hypotension. Early in the disease, patients can sometimes be taught to raise blood pressure by contracting certain muscles. In the most serious cases, an inflatable aviator-type antigravity suit may be the only way to keep blood flowing. Other medications to treat urinary problems, heartbeat irregularities, or loss of balance are used with varying success.

Dr. Phillip Low, president of the American Autonomic Society, says research efforts are focused on better treatment of SDS symptoms. Mayo Clinic has developed a group of tests called an autonomic reflex screen to diagnose this syndrome and help physicians predict its severity. Researchers are also working toward understanding the disorder and discovering its cause. Genetic factors do not seem important in SDS.

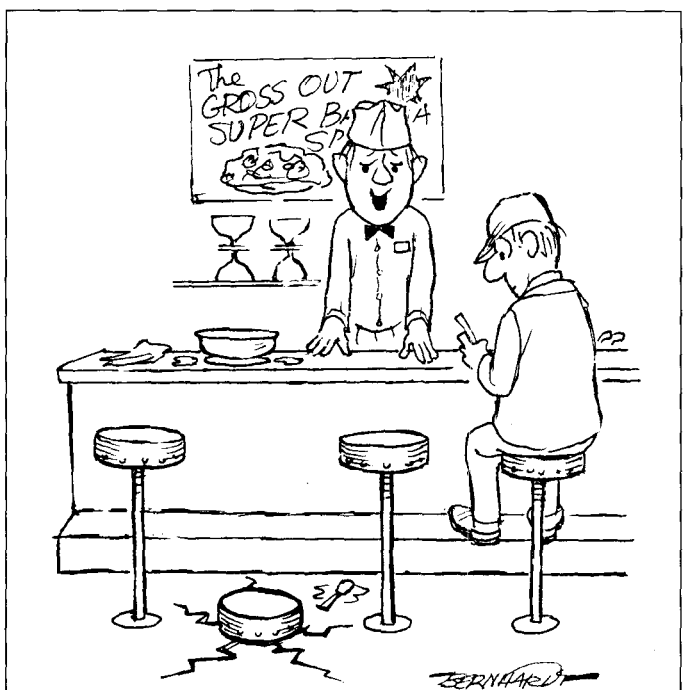
We hope this information helps you to better understand the Shy-Drager Syndrome. A support group is available to those dealing with this disease. Call toll-free 1-800-737-4799.

Proper Foot Care

Dear Dr. SerVaas:

When does one seek the services of an orthopedist rather than a podiatrist? They both treat the same conditions. I have seen a podiatrist and he said I have bone spurs in both heels and on the metatarsal joint of one foot. He is treating me with Ibuprofen and an injection in the affected heel (not cortisone). He told me that surgery may be necessary. This would require me to stay off the foot for four to six weeks. I am 72 years old and fear that this inactivity would result in the loss of mobility and muscle tone, which I now work hard to maintain. Should I consult an orthopedist?

Virginia H. Jones
Winston-Salem, North Carolina



"Then she said, 'Oh, well—one more li'l banana split can't hurt any.'"

Lawrence E. Lloyd, D.P.M. (Doctor of Podiatric Medicine), helped us answer your question.

"Because orthopedists provide care to the musculoskeletal system throughout the entire body, including the foot, their services may be confused with podiatrists, who specialize exclusively in the care of the foot and ankle. While your treatment sounds appropriate for your condition, it may take four to six weeks of nonsurgical treatment to improve. If your foot condition is eroding the quality of your life and conservative measures fail to improve your condition, then heel spur surgery may be an option.

"While a reduction in activity is necessary to promote healing, most foot surgery is now performed at ambulatory outpatient surgical facilities. By allowing you to go home the same day, these facilities encourage an early return to normal activities.

"Your choice of provider should be determined not by their degree but by which provider is the most experienced for *your* particular problem."

Could Polyester Cause SIDS?

Dear Dr. SerVaas:

After reading the letter (May/June) and your comments on dacron and polyester fabrics, I began to wonder if any studies had been done on the SIDS babies pertaining to the fabric content of the clothing the babies were wearing at the time of death. Much of the newborn sleepwear is made of 100 percent polyester.

Thank you for your consideration.

Alice M. Trumbauer
Ephrata, Pennsylvania

Help for Insomnia

Dear Dr. SerVaas:

Years ago, a doctor started me on sleeping pills because I complained about pains in my legs. The drug store I went to allowed me to get them any time I tried without a new prescription, so I got in the habit of taking them. Now at last I am stopping, and I want to know if I can get withdrawal symptoms and what they are.

Thank you very much for the interesting letters and your kind advice.

Anonymous

We applaud your efforts while giving "thumbs down" to the pharmacist for continuing to supply the medication without physician approval.

Although prescription sedative preparations vary in their chemical makeup, one important similarity exists—drug dependence can develop over time, and symptoms may occur when the medicine is stopped. The symptoms can include a temporary recurrence of sleeplessness, anxiety, tremor of

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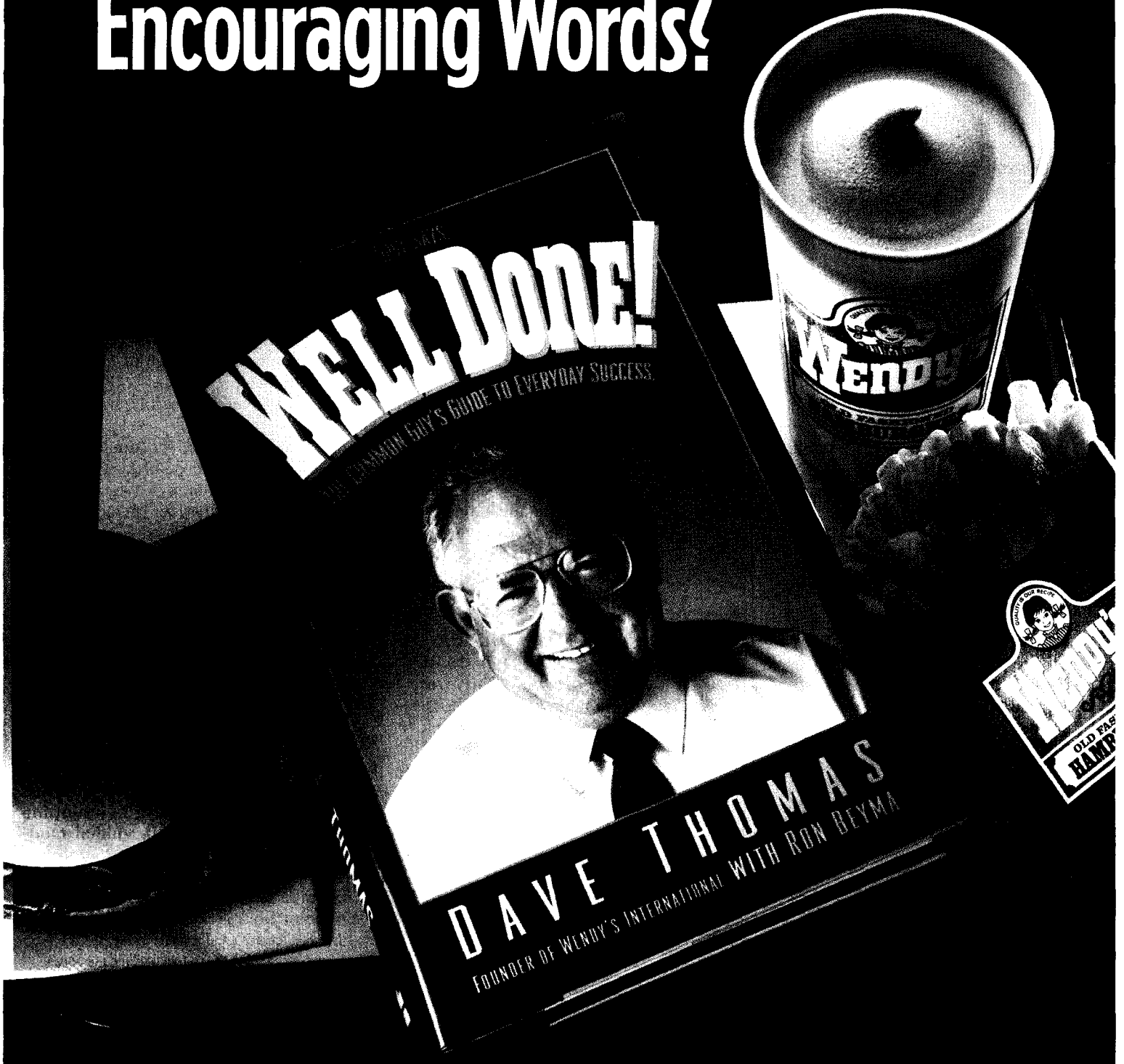
Hungry For Some Encouraging Words?



A little good news is a great change of pace these days. Now America's favorite chef is serving up enough inspiration, affirmation and common sense to satisfy even the strongest appetite.

Well Done!, by Wendy's International founder Dave Thomas, offers more than a few encouraging words in praise of the "everyday" heroes and heroines whose principles and practices make a positive difference in our world.

Get your copy of *Well Done!* "to go" at your favorite bookstore. It's a deliciously satisfying specialty of the house from a guy famous for serving up real values. Also available on audio cassette.

Zondervan

(Dave Thomas is donating all proceeds from the sale of *Well Done!* to the Dave Thomas Foundation for Adoption).

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hands and fingers, abdominal and muscle cramps, vomiting, and sweating. Patients who believe they may have become dependent on sleeping pills are told to gradually taper off the medication to help avoid or minimize uncomfortable effects of withdrawal.

Sometimes insomnia results from anxiety, pain, or depression, and medications are helpful for a short amount of time. But as we age, a normal change in sleep patterns occurs as the total amount of sleep tends to shorten and become more interrupted. There is no evidence that such insomnia interferes with health. More exercise during the day, relaxation techniques, and warm milk at bedtime helps some patients.

Odor Gone, Gas Remains

Dear Dr. SerVaas:

I have a terrible problem, one of flatulence and odor. It is awfully embarrassing (or could be) in any social activity. My doctor gave me no help. I have tried Colo-Fresh, and that does seem to control the odor, but not the amount of gas. As a result of this, I don't go out much. I'd like to go on group trips with other seniors, but can't. Though I try to control myself, I know that a few hours close to me would leave everyone disgusted. I wouldn't blame them.

Tending towards constipation, I eat fruits and vegetables, which are gassy. What can I do? I'm 77, take Tenex and Toprol for blood pressure, and 1,000 mg niacin daily for cholesterol control.

Name and hometown withheld

Beano prevents flatus after eating beans and other gas-producing vegetables.

Swallowing air can cause gas. Those who suddenly become bloated and notice a rapid increase in flatus should see their gastroenterologists or physicians.

We recommend senior citizens have colonoscopies to make sure the lining of their colon is OK. There are a number of good gastroenterologists in your area.

OraSure (HIV Oral Test)

An oral diagnostic test for the AIDS virus is winding its way through what an Oregon company hopes are the final steps to FDA approval. OraSure, manufactured by Epitope of Beaverton, Oregon, might be a breakthrough in the search for an easier, more economical way to detect the presence of antibodies to HIV, the virus that causes AIDS.

OraSure, an oral diagnostic test for HIV antibodies, awaits FDA approval.

Similar to a toothbrush in shape, the OraSure device is held between the lower gum and cheek for two minutes, absorbing fluid from gum tissue. The specimen is placed in a container with a preservative and sent to a laboratory to be tested for HIV antibodies. A real plus for laboratory and healthcare professionals is that their risk of exposure to the virus by accidental needle prick is eliminated. The OraSure procedure is also less expensive than the current method of blood testing. Perhaps the greatest advantage of the new diagnostic method is that the sample can be collected anywhere—making HIV screening more accessible to our population.

The company expects that OraSure specimens can be tested for other antibodies, including those against hepatitis, measles, and syphilis. Using this noninvasive collection method may also make it possible to test for therapeutic and illicit drug levels without ever drawing blood.

For more information, write to Epitope, Inc., 8505 SW Creekside Place, Beaverton, OR 97005.

"I'd like to retire, but both my neighbors are hypochondriacs!"

Polycystic Kidney Disease: The Facts

Dear Dr. SerVaas:

In 1991, I wrote to "Medical Mailbox" to respond to a Nov./Dec. '90 *SatEvePost* magazine letter on polycystic kidney disease. You published my letter, and I thank you very much.

The 600,000 Americans with polycystic kidney disease have just come two steps closer to effective treatment for our disease: (1) a kidney disease gene has been identified, and (2) taxol has been shown effective in inhibiting progression of polycystic kidney disease in animal models. It should give renewed hope to all.

PKD is:

two times more common than multiple sclerosis;
ten times more common than sickle cell anemia;
15 times more common than cystic fibrosis;
20 times more common than Huntington's disease.

M. Jill McMaster
Falls Church, Virginia

Shingles Complications

Dear Dr. SerVaas:

One year ago, I developed a severe case of shingles. I am a middle-aged female. I initially had a series of Prednisone and Zovirax.

I also had a nerve block procedure twice. The doctor prescribed many different medications for pain, including Demerol, Darvon, etc. I used a variety of ointments and sprays, trying to get relief. All this was mostly ineffective.

The severity gradually eased and the rash cleared up

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during the following six months. Nothing has changed in the last six months, and I still have considerable discomfort. I experience "shooting" sensations of burning, stinging, itching, and soreness to touch the affected area.

The area involved is the left side over the diaphragm and breast extending around halfway on my back. It was and is most severe across the front and side.

I have not known anyone who did not recover from shingles. I wonder if I will have this the rest of my life, or is there some treatment that has worked for someone in my predicament?

Faye Lee
Albuquerque, New Mexico

Postherpetic neuralgia (PHN) is the most common complication of shingles and can cause debilitating effects, including insomnia, weight loss, and severe psychological distress. The incidence and severity of PHN increases with age and is believed to result from damage to nerves by the varicella zoster virus. Unfortunately, this pain can last for months or even years after the shingles rash disappears.

Immediate treatment of shingles, or herpes zoster, is required to lessen both the duration of the rash and the intensity of PHN. Cleared for marketing by the Food and Drug Administration early this summer, Famvir by SmithKline Beecham effectively treats shingles and reduces the duration of PHN, but only when given at the very onset of the disease. It is not indicated for treatment of PHN.

The Saturday Evening Post has published numerous letters from readers who successfully treat cold sores and shingles (both caused by herpesviruses) with lysine, an inexpensive amino acid available without prescription. Dr. Richard Griffith, a longtime lysine researcher, recommends that cold sore sufferers take 500 mg per 10 kg (1 kg = 2.2 lbs) of body weight daily. Again, this treatment is most effective if begun when symptoms first occur.

Annoying Noises

Dear Dr. SerVaas:

I am 74 years old and for the last three years have been bothered by sounds that are not very loud.

My wife can be rattling a few pots in the kitchen six feet from where I am sitting, and it almost makes me want to jump.

I have had a physical exam and appear to be healthy. There is no infection in my ears. I exercise moderately. Could I be lacking some essential vitamin or mineral? I have asked several doctors about this, and they don't seem to have any answers or theories.

Robert Corbett
Roseville, California

You ask a logical question. If one can lose one's sense of smell or develop a bizarre taste due to lack of zinc, then another sense, hearing, conceivably could be helped by replacing some as-yet-undiscovered essential vitamin or mineral that is no longer being absorbed efficiently. (See our April '83 article, "A Matter of Taste," about the man who lost weight because everything tasted awful, until a physician put him on supplemental zinc.)

I wouldn't give up pursuing an answer. A doctor or fellow sufferer who reads this column might have suggestions about coping by, for example, playing background music.

B vitamins can help some people with nerve problems.

When I had typhus after coming back from Ethiopia during the famine there in 1984, all voices sounded harsh and almost as though people were speaking on "fast forward." Even my husband's voice, which always sounds like music to my ears, at that time sounded like Donald Duck's rapid-fire quacking.

I was being treated for what was thought to be West Nile fever. The infectious disease specialist who saw me spoke very softly, as though he knew even a normal speaking voice would fray my nerves. He was at a loss for a diagnosis, since tick-borne typhus is unheard of in the United States.

No antibiotic was given until a doctor at the Centers for Disease Control, knowing of a small outbreak of tick-borne typhus in Ethiopia, insisted by telephone that I take doxycycline immediately. Tick-borne typhus is caused by a form of rickettsia—an organism that is only contagious if one is bitten by an infected tick. After treatment with doxycycline, all the voices went back to normal immediately. I relate this experience to you, since I can certainly sympathize.

I have a friend who tells me that when she has the flu, she experiences discomfort just hearing people speak. This may not be a clue, but if ear, nose, and throat doctors haven't any theories, you might consult an infectious disease specialist who could get a thorough history from you about your travel experiences and any possible exposures.

Benefits of Magnesium

Dear Dr. SerVaas:

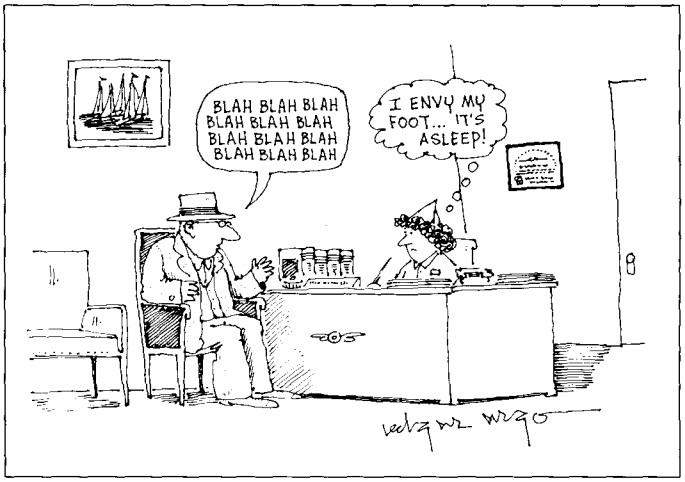
A few years ago, in *The Saturday Evening Post*, I read many letters from people who used magnesium chloride supplements. They all reported benefits. What are the benefits of magnesium? Is it a prescription or an over-the-counter supplement?

Minnie Picone
Arnold, Pennsylvania

Recent studies have shown magnesium chloride to be effective in helping hypertensives, diabetics, persons suffering from muscle cramps, depression, and even headaches.

Dr. Mildred Seelig is a magnesium scholar; her book, *Magnesium Deficiency in the Pathogenesis of Disease*, provides much information on the benefits of magnesium.

A magnesium supplement, enteric-coated magnesium chloride, is available over the counter in most drugstores as Slow-Mag and is manufactured by G.D. Searle & Company. ▲



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Stolen Christmas

continued from page 84

"But, my child, Manuelo isn't tough. He's one of the kindest of men."

"Not old Manuelo. He started hitting the lemon extract and they sent him down. That big squarehead they've got now, my dad says he chaws up spikes and spits out rust. His name's Eckerman, but we call him Morant's Monster."

She whisked out of the cabin and into the skiff that rode by Mainadieu's quarter. Father Jerome answered her "Merry Christmas, mister!" with a croak.

The tempter was busy at his ear, urging him to by-pass the construction camp, push on to Christmas Mass and Christmas feast with Chief Saul's band at Aragon Reserve. It would be a month before the cook at Morant's learned what had befallen his supplies, and time might cool his wrath. Then, determinedly, he set his boat in motion. He had undertaken a mission, and come what may, it would be fulfilled.

Tide still growled through Yalquitz Rapids as they rounded the rock spit of Klatawa Island. With an hour to wait for low-water slack, Father Jerome laid his half-wrecked boat against a rock ledge and hopped ashore. He chose a thrifty young hemlock, felled it and dragged it down to the cove. Troubles or no, tradition must be observed. Mainadieu would sail into Christmas Eve as she had always done, with a Christmas tree at her peak. He wreathed the hemlock with an ancient string of lights, ran an extension from the doghouse and lashed his little evergreen to the masthead. But when he screwed the key bulb tight, the string failed to kindle. Burned out—and he carried no spare bulbs.

The rain was over, the water bright in the early dusk, but the beauty of the cove woke no answer in Father Jerome's spirit. He brooded in the cabin, cold pipe in his fist, and was huddled so when his ears caught the gentle scuff of a hull against Mainadieu's flank.

Sighing, he got up and went topside. "Welcome," he called.

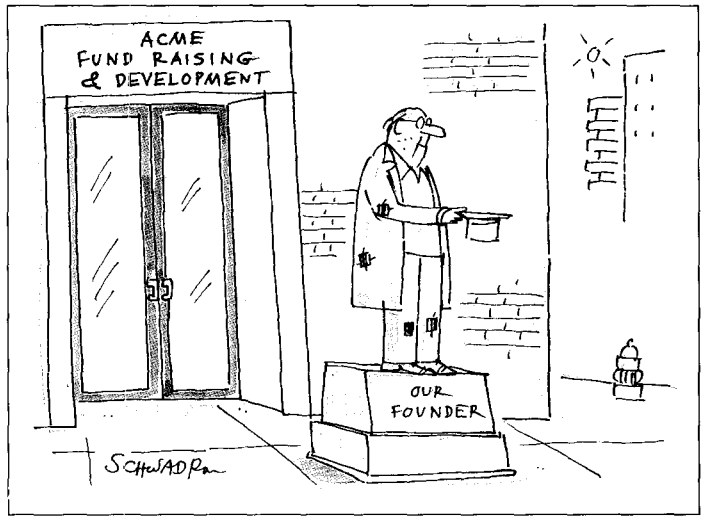
"It's me, fadder," a heavy voice answered. "Johnny Starr from Seahhost."

"Your wife is with you?" It surprised him that this young Indian couple whom he had married a year ago should be so late abroad, and in a dugout canoe. Mostly, these days, native families traveled by gasboat.

"We got trouble," Johnny Starr told him. "My troller's gone. We was headin' down to Quartz Harbor hospital an' we sprung a fuel leak an' de vapor blew. I just barely got Louisa into my tender." In his soft voice, pride overrode distress. "Hey, fadder, we got a baby! Born right here in de canoe! Everyt'ing's fine, only I doubt it's good for dem to travel furder tonight."

"Come aboard," said Father Jerome. "I've room for you, my children."

It was full dark when he toiled up the path from Morant Construction Company's landing. Mainadieu lay at the float string, Louisa Starr and her child snug in Father Jerome's bunk, young Johnny Starr whistling as he cleaned ship, the stew pot abubble on the doghouse stove.



The turkey dangling by its neck from Father Jerome's fist lacked drumsticks. They, with the giblets, had gone to the pot. The camp above was lightless, except for the cookhouse. Its windows glared at the mission priest like accusing eyes. He mounted the porch, reached for the spike that hung beside the great iron triangle, nerved himself and struck. The metal rang loud as the horn of Roland in his ears.

A heavy shuffling answered him. The door opened. The bulk that filled the doorway would have done credit to a grizzly, the meaty red face was set in a scowl.

"Whadda ya want?"

In his right hand the cook gripped a cleaver. Wordlessly, Father Jerome extended the remains of his last turkey.

"Well?"

Father Jerome found his voice. "For you," he said. "That is, for the men. I have a young mother on board, and she hadn't eaten since morning, and——"

The cook's scowl deepened. "I'd like to give 'em that bird," he growled. "Yeah, right in their ugly pusses, I would. But they ain't here. None of 'em are. They chartered two flying boats by radiophone this morning and hauled out for Vancouver, every man jack of 'em."

"But the turkeys," Father Jerome said weakly. "I was entrusted with thirty turkeys——"

"Bait!" the cook rasped. "Company bait! The brains figgered a bang-up dinner would hold 'em in camp over Christmas, but they don't know construction stiffs like I do!"

A mighty weight lifted from Father Jerome's spirit. The inward smile spread till it kindled his face.

"At least," he said, "you'll dine well yourself, Mr. Eckerman."

"Like heck I will," the cook replied sourly. "Toss that bird in the chuck or eat it yourself, just so you get it outa my sight. I can't eat my own cooking. I'm a bundle of nerves. By the time I set down to it, my stomach is tied in a knot."

"Easily remedied!" cried Father Jerome. "I'll cook the bird and you'll eat with me tonight!"

The scowl faded, dissolved in a vast and hearty grin.

"It's a deal," Eckerman said. "I'd 'a' been out of here myself, except I got no one to go to in town. Anything you want in the cookhouse, just help yourself to. Me, I'll go git cleaned up."

Striding briskly, laden with plunder, Father Jerome started down toward the floats. Tomorrow he would hold festival with Chief Peter and his band. But that was tomorrow—and here and now was Christmas Eve. Johnny Starr had turned on the radio. The strains of Adeste Fideles came sweetly to him through still, crisp air that promised frost. And as he stepped down to the landing the Lord sent him another miracle. The tree at Mainadieu's masthead flowered in a lovely burgeoning of red and yellow, green and orange

continued on page 102

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Official Norman Rockwell Centennial Collectors' Gift Guide

For easy ordering see page 102

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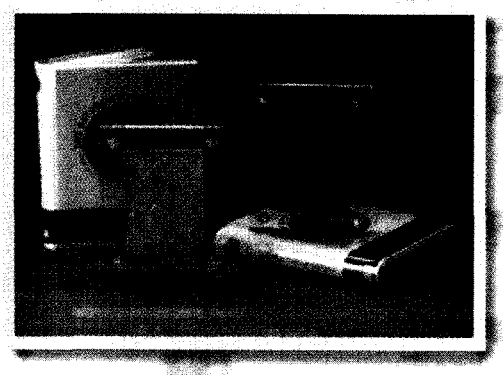

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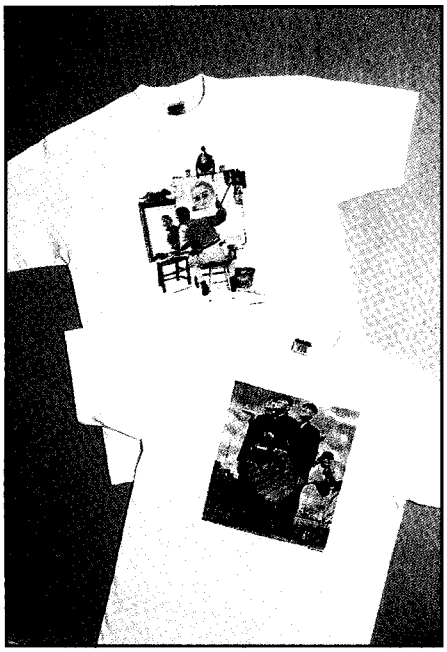

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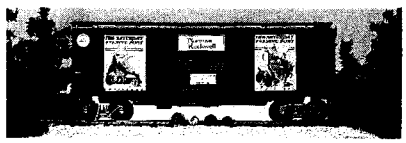

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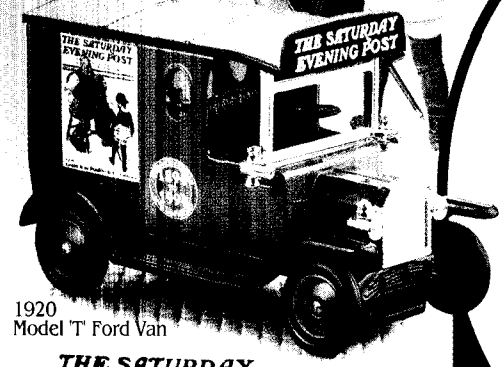
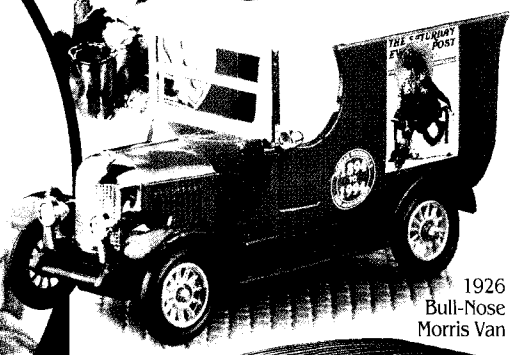
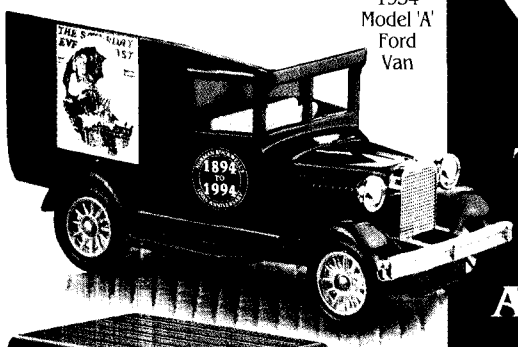


1920
Model 'T' Ford Van

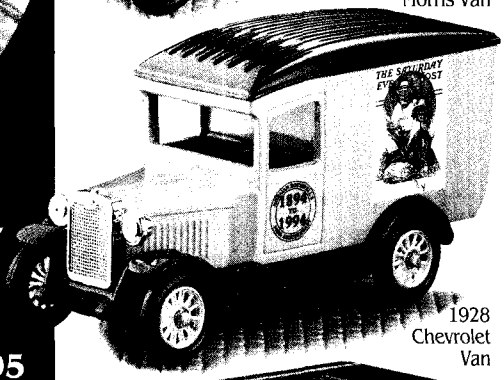


1926
Bull-Nose
Morris Van

THE SATURDAY EVENING POST

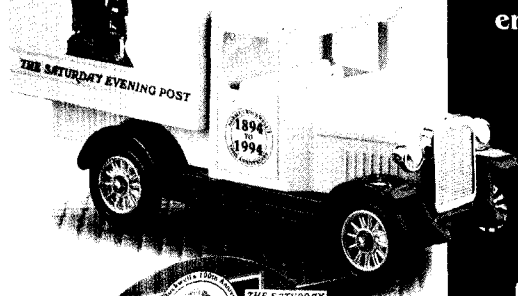


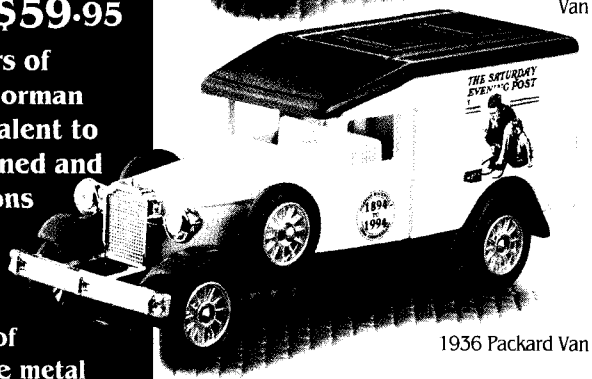
1934
Model 'A'
Ford
Van



1928
Chevrolet
Van

1928
Chevrolet
Box Van





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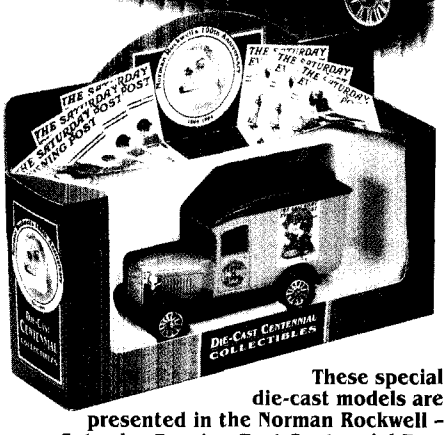

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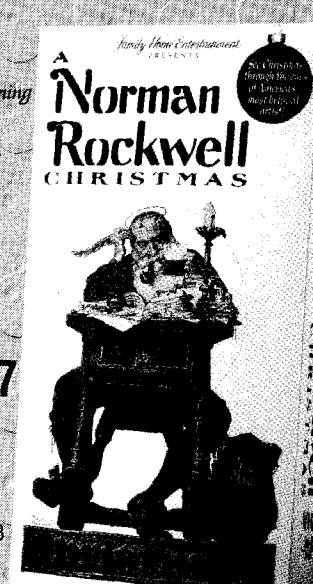

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For your convenience, all orders and payments may be sent with this order form. Just circle the gifts you select. Then remove and mail the entire page. Fold, tape, and mail in our self-addressed, "recycled" envelope. All products may also be ordered by calling 800-558-2376, or by calling the individual companies listed on this page.

2 Silver and Bronze Minted Covers	Order covers by checking the box for the item(s) desired. Silver Edition—$240 each ❑ "100 Years of Baseball" ❑ "Bottom of the Sixth" ❑ "The Dugout" ❑ "Sport" Bronze Edition—$65 each ❑ "100 Years of Baseball" ❑ "Bottom of the Sixth" ❑ "The Dugout" ❑ "Sport" Make check or M.O. payable to: *Pacific Heritage Mint (800-215-7727).*
3 Vintage Model Trucks	Order _____ set(s) of six model trucks by making checks or M.O. for $59.95 per set payable to: *L'LEDO, Inc. (404-442-9806).*
4 Norman Rockwell T-shirts	Order Norman Rockwell T-shirts by writing the item letter, size (M, L, XL) and quantity for each shirt desired on the lines below. Place additional orders on a separate sheet. Item Size Quantity Item Size Quantity Item Size Quantity _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Make check or M.O. for $18 for each shirt, payable to: *RIM PACIFIC (212-223-3065).*
9 Norman Rockwell Clocks	To order a Norman Rockwell clock, check the appropriate box. ❑ Runaway ❑ Girl in the Mirror ❑ Saying Grace ❑ Do Unto Others. Make check or M.O. for $48 for each clock, payable to: *World Clock (800-558-2376).*
17 Norman Rockwell Christmas Video	To order "A Norman Rockwell Christmas" video, make a check or M.O. for $24.90 for each video ($29.90 U.S. dollars for Canadian orders) payable to: *Live Home Video (800-326-1977).*
21 Commemorative Railroad car	To order a Norman Rockwell Railroad Car, make a check or M.O. for $64.95 for 1 or $244.80 for a set of 4, payable to: *Polk's Model Craft Hobbies, Inc. (201-332-8100). VISA and MasterCard accepted.*
22 Norman Rockwell Chocolates	To order Gourmet Engraved Chocolates, make check or M.O. for $19.95 payable to: *Kelley's Chocolates, (800-558-2376).*
23 Festive Christmas Apron	To order Christmas Aprons @ $14.95 for completed apron or $8.50 for an "easy-to-sew" kit, fill in the appropriate line for quantity of each size; _____ small (20"-28") _____ medium (28"-34") _____ large (34"-44"). Make check or M.O. payable to: *AFPM, (800-558-2376).*
24 WWII Trading Cards	To order World War II Trading Cards, make check or M.O. for $33.95 for each set of cards payable to: *Cardz Distribution, Inc. (800-852-8833, ext. 118).*
25 Book of Christmas Stories	To order a Book of Christmas Stories, make a check or M.O. for $14.95 payable to: *AFPM, (800-558-2376).*

For questions concerning product information, return policies, guarantees, or shipping information, please call the manufacturers directly at the numbers listed with each. Prices include shipping and handling, unless stated otherwise. Please include sales tax where required.

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How to order from

The Norman Rockwell Collector's Gift Guide

Select your gifts from pages 92 through 100. Each advertisement is numbered with a corresponding number appearing on the order form on page 101. To order any of the collector's items, make a check or money order payable to the proper company and mail it to Norman Rockwell Collectibles by folding the order form as directed. Tape the margins to make an envelope in which to insert your check or money order. If you prefer to use Master Card or VISA, you may do so by calling1-800-558-2376. You may also call the manufacturer/supplier directly if the number is listed.

fold here second

fold here second

fold here second

Name_____

Address _____

City _____

State _____ Zip _____

Place Stamp Here

GIFT ORDER PLEASE RUSH

Norman Rockwell Collectibles
P.O. Box 1144
Indianapolis, IN 46206

fold here first

fold here first

fold here first

Ship to _____

Address _____

City _____ State _____ Zip _____

Check or Money Order enclosed for $_____ amount.

Please charge to ❑ VISA ❑ MasterCard Account number _____

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(Please print)

Signature _____

Daytime telephone number for order clarification (_____)-_____

(For faster service, have your MasterCard or VISA ready when you call.)

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Vinegar... Mother Nature's Liquid Gold

If you're like me, you will be amazed at the multitude of uses for vinegar.

This common house-hold product is *packed* with essential amino acids and helpful vitamins, minerals, and enzymes. Apple cider vinegar was found to be an almost universal preservative and cure-all. The healthy goodness of apples is concentrated into a teaspoon of golden liquid — a teaspoon of which supplies a generous portion of the building blocks needed for a healthy body.

The new book "The Vinegar Book" by natural remedies author Emily Thacker, shows you over 300 ways to use vinegar for fighting germs, easing pain, improving health, cutting grease, and cleaning tips for a natural sparkle! She gives you recipes to make your own flavored vinegar that will perk up the taste of your food!

Chase Germs Away

- Kill infection
- Soothe coughs
- Ease the pain of sore throats
- Calm nausea

Pain Relief

- Relieve varicose veins
- Ease arthritis
- Fade headaches away
- Treat burns
- Soothe aching feet
- Cool the burn of a sunburn
- Reduce the itch of welts & hives
- Stop hiccups
- Treat bee stings
- Remove corns & calluses

Nature's Aid To A Healthier Body

- Control appetite to lose weight
- Protect skin from the ravages of the sun
- Fade age spots
- Minimize memory loss
- Banish dandruff
- Help prevent food poisoning
- Protect & beautify your skin

Your House Will Be Ready For The "White-Glove Test!"

- Use as a disinfectant — some hospitals do!
- Use in the laundry — brightens colors! Whitens whites! Fades perspiration stains!
- Dissolve chewing gum
- Remove carpet stains — absorbs odors
- Repair wood scratches & makes an excellent furniture polish
- Countertops, floors, windows & fixtures will shine!
- Remove ink stains
- Shine car chrome
- Clean brass, copper & pewter

Did You Know . . .

- Vinegar is credited for saving the lives of thousands of soldiers during the U.S. Civil War?
- In 400 B.C. Hippocrates, considered the father of medicine, used vinegar to treat his patients?
- Vinegar was used as a healing dressing on wounds and sores in Biblical times?
- Those of the ancient world combined vinegar with plants for maximum medicinal value?
- Without vinegar, Hannibal's march over the Alps to Rome may not have been possible?

Research Shows . . .

- Complex carbohydrates and dietary fiber have been recommended by the U.S. Surgeon General to help build resistance to cancer. Vinegar contains a treasure trove of complex carbohydrates as well as a good dose of dietary fiber.
- When vinegar is made from fresh, natural apples, it contains a healthy dose of pectin. As pectin works its way through the digestive system, it binds to cholesterol. Then pectin pulls the cholesterol which is bound to it out of the body. Less cholesterol in the body makes for a reduced risk of cardiovascular problems, such as heart attacks and strokes.
- One third of the population uses some form of alternative medicine. The National Institute of Health has recently established, for the first time ever, an Office of Alternative Medicine. The new agency is almost entirely dedicated to exploring the value of old-time, traditional, low-tech health remedies.

Perfect Pickles

Learn how to preserve the perfect pickle or be creative and preserve eggplant, cauliflower, beets, carrots, beans or even fruits! Discover ways to make and use flavored vinegars to perk up the taste of foods and keep them safe from bacteria. Read about how to prepare these Herb Vinegars:

- Dandelion
- Sage
- Peppermint
- Eucalyptus
- Lavender
- Rosemary
- Spearmint
- Clove
- and MORE!

Order your copy of "The Vinegar Book" TODAY. All you have to do is write the word "Vinegar" along with your name and address on a plain piece of paper. Mail it along with your remittance of only $12.95 plus $2 postage & handling payable to: The Vinegar Book, 718 - 12th Street N.W., Dept. F5251, Canton, Ohio 44703.

Order an extra copy for family and friends and SAVE. You can order 2 for only $20 postpaid!

You may charge to your VISA or MasterCard by including your card number, expiration date and signature. For even faster service on VISA/MasterCard, call toll free 1-800-772-7285, Ext. F5251.

If you're dissatisfied for any reason, you may return the cover only within three months for a full refund. Act promptly and you will also receive a FREE copy of "Brain & Health Power Foods" Report. Supplies are limited so you must act now.

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Stolen Christmas

continued from page 92

and blue. Johnny Starr had got the lights working.

Below in the warm cabin, Father Jerome smiled down on the Indian girl. She held her child close, his head nestled into her throat. Her face was a pure oval; her eyes, as she gazed up at the priest, were the eyes of a dark madonna.

They were singing the carol about the donkey again. The sudden tears that stood in Father Jerome's eyes were all for happiness, the song made hosanna in his heart. He was God's donkey, shabby and brown, and he was bringing Christmas home. ▲

Recipe for Better Baking

continued from page 23

Preheat oven to 400°. Spray standard muffin tins with nonstick coating and line with cupcake papers.

In medium bowl, whisk milk, oil, apple, walnuts, applesauce, seasoning, onion, sugar, and pepper. Combine flour and baking powder; sift onto waxed paper. Add flour mixture and raisins to milk mixture and stir with fork until batter is blended. Spoon into prepared muffin tins, filling each cup almost full. Bake 25-30 minutes or until toothpick inserted in center of muffin comes out clean. Remove from tins and transfer muffins to rack to cool slightly, then serve warm.

Per Serving (1 muffin):
Calories: 209 Carbohydrate: 33.8 gm
Cholesterol: trace Protein: 5 gm
Sodium: 159 mg Fat: 5.8 gm
Diabetic exchange: 1 bread + 1 fruit + 1 fat

A Festive Christmas Feast

continued from page 18

Wild Rice Casserole
(Makes 4 servings)

½ cup wild rice, uncooked
½ cup chopped onion
½ cup chopped celery (with some leaves)
¼ cup dry white wine
1 tablespoon lite margarine
2 cups low-salt chicken broth (homemade or canned)
Pepper to taste

Spray a casserole with vegetable-based, noncaloric spray. Combine all ingredients, place in casserole, bake covered at 325° 2 hours.

Per Serving (½-¾ cup):
Calories: 126 Carbohydrate: 19.5 gm
Cholesterol: 1 mg Protein: 3.4 gm
Sodium: 48 mg Fat: 2.0 gm
Diabetic exchange: 1 bread + 1 vegetable + ½ fat

Wild Rice & Cashews
(Makes 4 servings)

1 cup wild rice
1 cup sliced fresh mushrooms
1 tablespoon lite margarine
2 tablespoons cashew pieces (unsalted)
Chopped parsley

Wash rice thoroughly and place in large saucepan. Cook according to package directions. Drain well. Sauté mushrooms in margarine; pour over rice, add cashews, and toss. After spooning into serving dish, garnish with parsley.

Per Serving (¾-1 cup):
Calories: 192 Carbohydrate: 32.3 gm
Cholesterol: 0 mg Protein: 6.7 gm
Sodium: 32 mg Fat: 3.9 gm
Diabetic exchange: 2 bread + 1 fat

Rice Pudding
(Makes 6 servings)

3 cups skim milk
1 large stick cinnamon
1 cup uncooked rice
2 cups water
Peel of an orange or lemon
½ cup sugar or ½ cup honey
¼ cup raisins
1 teaspoon rum or vanilla flavoring

Heat milk and cinnamon in small saucepan over medium heat until milk is infused with flavor of cinnamon, about 15 minutes. Combine rice and water in 2- to 3-quart saucepan. Bring to boil; stir once or twice. Place orange or lemon peel on top of rice. Reduce heat; cover and simmer 15 minutes or until rice is tender and liquid is absorbed. Remove and discard orange peel. Strain milk and stir into cooked rice. Add sugar or honey and simmer 20 minutes or until thickened, stirring often. Add raisins and flavoring; simmer 10 minutes. Serve hot. To reheat, add a little milk to restore creamy texture. ▲

Per Serving (about ¾ cup):
Calories: 248 Carbohydrate: 53.9 gm
Cholesterol: 2 mg Protein: 6.6 gm
Sodium: 66 mg Fat: 0.4 gm
Diabetic exchange: 2 bread + 1½ fruit
* Due to sugar content, use only occasionally.

"My Father"

continued from page 33

turkey," Rhena says. "He was a very mean creature. He took up residence in the yard in the middle of our living quarters. He would prick all the legs that came by—not the black ones, but the white ones. So I asked my father if we couldn't get rid of him. He said, 'The turkey and I have something in common. We both have the illusion of being master of the hospital.' And the turkey survived.

"My father also had a great sense of humor, you see, and he was never impressed with his own importance."

Rhena points to a list of awards conferred on her father. He accepted them with humility, she says, adding that he used his 1952 Nobel Peace Prize money to rebuild the leprosy village.

"He always said his work in Africa was done 'not out of benevolence, but of atonement.' He believed helping others was a duty. Sometimes, when he was tired, I'd try to stop him from doing something, but he'd say, 'It is my duty. I must do it.' And he would."

Rhena was with her father on Sept. 4, 1965, when he died at age 90 in Lambaréné eight days after suffering a stroke.

"All the tribes came to honor '*le grand docteur*,'" she says, smiling. "They danced around his grave—

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(Advertisement)

Do Amish People Know Something That Doctors Don't?

If you are concerned about prescription drugs and their side effects...not to mention their spiraling cost ...Look at the Amish. They are robust and healthy. Yet they rely on simple, drug-free home remedies and folk medicine for their everyday health problems.

Their philosophy is "What's old is of the good." They claim their folk medicines, handed down from generation to generation, still work today for everything from colds to *kee-gretz* (foot fungus.)

An encyclopedia of their natural health secrets, called *The Wisdom of Amish Folk Medicine* is now available to the general public. It has hundreds of proven home remedies using simple items you have around your home like vinegar, salt, soda, onions—even olive oil. You'll be amazed at the ordinary spices and herbs the Amish use for their health qualities.

This extraordinary health guide was inspired by a collection of little-known folk medicines gathered by the home remedy editor of a magazine published for the Amish.

Speaking of these health secrets, she says, *"A doctor was usually called as a last resort, after everything else failed, and this wasn't often."*

Step back to simpler times with the Amish natural folk medicine secrets for common health problems like these:

- **Backache?** This home-made liniment has been used for years to relieve aches and pains.
- **Poor memory?** The Amish swear by this common seed to sharpen the memory.
- **Can't take aspirin?** Discover the natural ingredients that have pain killing properties.
- **Allergies?** Learn how to use nature's antihistamine.
- **Arthritis pain?** An all-natural tonic can give hours of relief.
- **Prostate trouble?** A good dose of this ordinary tea is the Amish secret.
- **Want to stop smoking?** Learn age-old ways to kick the habit.
- **Trouble sleeping?** This simple remedy is said to induce a peaceful slumber.
- **Nervous?** Enjoy blissful tranquility without drugs.
- **Thinning hair?** Proof of this remedy is seen in Amish people's luxuriant hair and beards.

The Wisdom of Amish Folk Medicine also reveals natural health tips for: **constipation, cold sores, menopausal problems, sinus trouble, hemorrhoids, varicose veins, age spots, flu and more.**

These are only a few of the many trusted home remedies in *The Wisdom of Amish Folk Medicine*. Learn how to make "Go Back" drops, the Amish stomach remedy. Prepare their "Green Mountain Salve" for boils and sores. Mix up some "Good Samaritan Oil" for colds. Discover 6 ways to relieve muscle cramps, how the Amish use red beets to fight infection, which vegetables and fruits can cleanse and heal, and the Amish natural weight loss method that promises good results.

After a tiring day, you might want to try the Amish cure for *au-gewachsen*. That's their word for the aches that come from a long buggy ride, but it works for any kind of muscle fatigue.

Right now, as part of a special introductory offer, you can receive a special press run of *The Wisdom of Amish Folk Medicine* for only $8.95 plus $1 postage and handling. Your satisfaction is 100% guaranteed. You must be completely satisfied, or simply return it within 90 days for a full refund-no questions asked.

HERE'S HOW TO ORDER: simply print your name and address and the words "Amish Folk Medicine" on a piece of paper and mail it along with a check or money order for only $9.95 to: THE LEADER CO., INC. Publishing Division, Dept. AM387, P.O. Box 8347, Canton, Ohio 44711. (Make checks payable to The Leader Co., Inc.) VISA or MasterCard send card number and expiration date. Act now. Orders are filled on a first-come, first served basis. ©1994 The Leader Co., Inc.

hundreds of them. He was recognized as chief of all the tribes."

Rhena headed the hospital for five difficult years. It was a period of transition both within the hospital and in the country of Gabon. Today, the government of Gabon pays a third of the hospital's $2 million annual budget. An international foundation provides the rest.

In 1970, Rhena came to the United States and married her second husband, Dr. David Miller, an American internist who had spent six months doing heart research in Lambaréné. Until their recent retirement, the Millers put their medical skills at the service of refugees and developing communities around the globe, sometimes in war zones, often amid famines.

"We were influenced by my father. But also we loved the work," she says. "My experience in Lambaréné was a very good preparation. I learned how important it is to adapt yourself to your patients and the people you work with. You can't push something on them for which they're not ready or for which they're not suited. You must have respect for people and their customs. I think that's very important."

The Millers live in a small cabin they built themselves in a forest in Lavonia, Georgia. Sometimes, Mrs. Miller says, her eye will fall on a crooked nail in the kitchen wall, and she'll remember squashing her thumb as she hammered it in. Then she'll think of her father, that "careful and passionate builder."

Albert Schweitzer, she says sadly, would be "in despair" if he saw the chaos in the world today. "Not long before he died, he said to me, 'I ought to launch another appeal against nuclear testing. But I just don't have the strength.'

"But what would delight him," she adds, brightening, "is the work the Institute is doing, especially on college campuses like Quinnipiac [College, Hamden, Connecticut]. My father was always interested in young people.

"He believed that 'reverence for life' and individual responsibility are the keys to a better world. And he felt that these ideas must be planted in very young minds if they are to take root." ▲

Where Do You Think You Are?

(answers from page 82)

(Theme: Cities with Female Names)

1. Alexandria, TN
2. Lena, IL
3. Sharon, KS
4. Dorothy, NJ
5. Josephine, PA
6. Janesville, WI
7. Frederica, DE
8. Marianna, FL
9. Roberta, GA

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In Apple Blossom Time
Goodnight Sweetheart
Always
Missouri Waltz
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As a nurse, Faith Kramer's hands can get painfully rough and dry. St.Ives Swiss Formula Collagen Elastin Lotion is extra strength, with extra rich healing moisturizers and Swiss botanicals. It relieves even the driest skin, leaving hard working hands extra soft and soothed.

"St.Ives Swiss Formula is the best dry skin lotion I have ever used."

Faith Kramer, R.N.
Marblehead, Massachusetts

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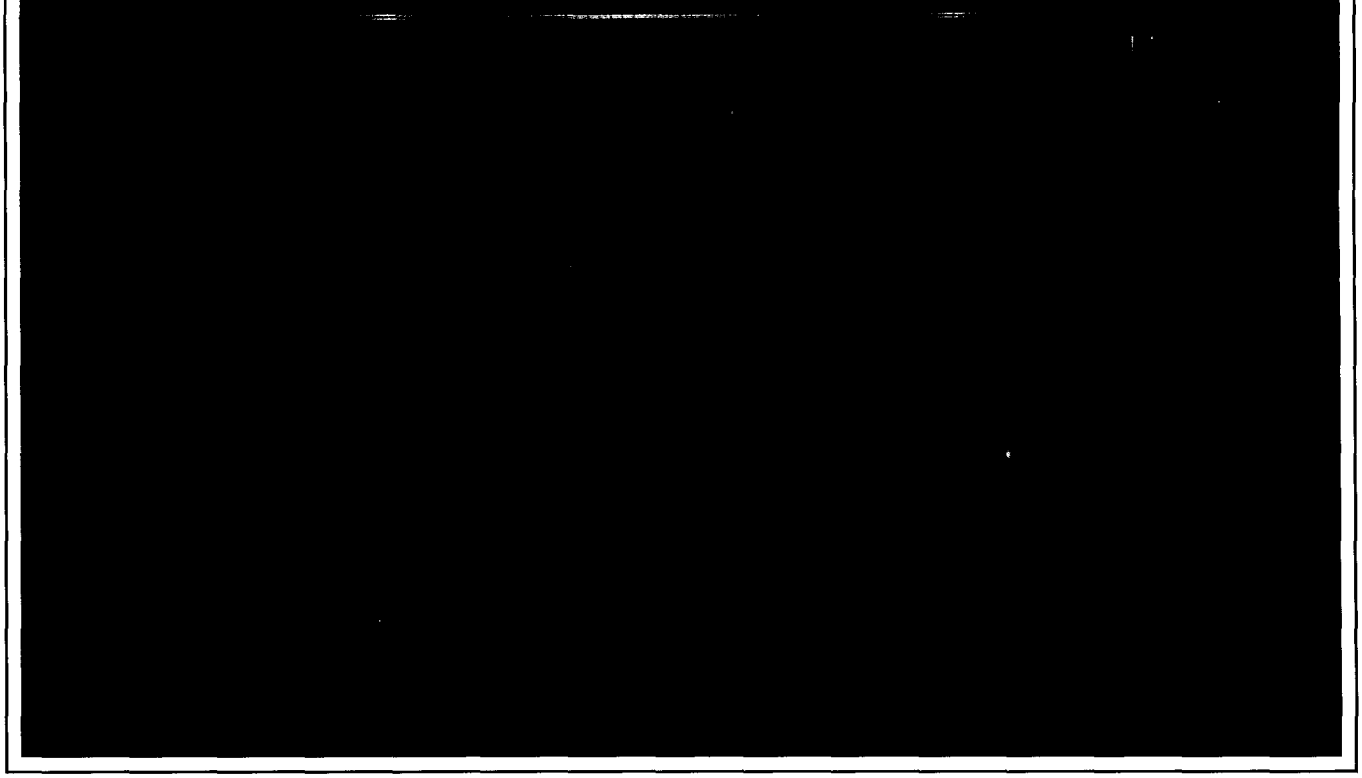

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